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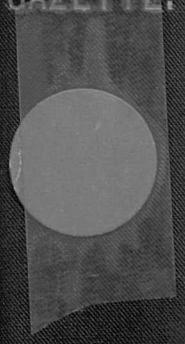

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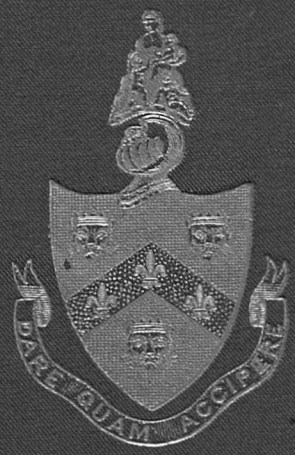

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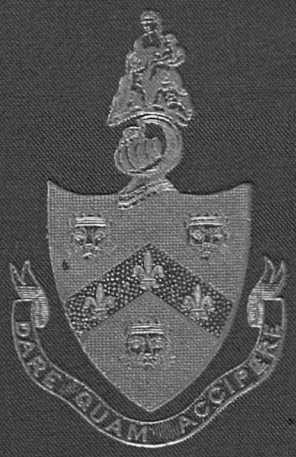

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Guy's Hospital Gazette,
JANUARY 5, 1889.

RETROSPECT FOR 1888.

Following the example of our contemporaries, and in the belief that such a Retrospect will be of interest to our readers, we propose briefly to review the chief events of the past year as they concern our Hospital and Medical School.

The Special Fund, which at the beginning of 1888 stood at about £80,000, has now reached the sum of £97,300. We cannot too heartily congratulate the Treasurer and Governors upon the success of their Appeal to the Public, and it is gratifying that the claims of Guy's Hospital to general support have been so widely and freely recognised.

The Library has been enlarged by the addition of the old Reading Room, thus forming a comfortable and well-warmed room, which is much frequented. A Court Room has been erected for the Coroner, and in connection therewith a new Pathological Laboratory, used for the dissection of specimens and Microscopic work. Needful repairs have been effected in the Surgical buildings, but bearing in mind that the Special Fund was subscribed to enable them to keep a certain number of Beds open in the Hospital, the Governors have spent little upon additional buildings. Alterations are now being made in the Clinical Ward with the view of improving its sanitary condition, as to which many complaints have been made. Bright Ward has been fitted up with additional Cubicles for Paying patients, and a Resident Medical Officer appointed. The Chapel has also been painted.

At the beginning of the last year the Scheme for the erection of a College had not received the approval of the School, still less the sanction of the Treasurer and Governors. When we say that at the present time the excavations are finished, the concrete put in, and the brickwork appearing above the ground, we think it will be allowed that no unreasonable delay has occurred. It may be well once more to repeat that no portion whatever of the Appeal Fund has been used for the erection of the College, the money for which has been raised by the Governors, the Medical Staff, and others interested in the undertaking.

Turning now to the Medical School, we note that Mr. Bryant has retired from the Acting Staff, that Mr. Lucas has become Surgeon, and Mr. Lane Assistant Surgeon. In consequence of these changes, Mr. Durham and Mr. Howse have lectured on Surgery, and Mr. Colley and Mr. Lucas on Anatomy; Mr. Jacobson is Teacher of Operative and Practical Surgery, and Mr. Symonds has the Bandaging Class and the Surgical Classes; Morbid Histology is taught by Dr. Pitt and Mr. Lane; Dr. Washbourn has become Junior Demonstrator of Anatomy, and Dr. Perry has succeeded Dr. Taylor as Dean of the Medical School.

In consequence of the Regulations of the Conjoint Examining Board certain alterations have been made in the times of the Lectures. Students are now advised to attend Chemistry Lectures in their first Summer Session, instead of in October, the Winter months being thus left free for Anatomy and Physiology. The work in the Dissecting Room has been much improved by the change. Materia Medica is now studied in the second Summer, and appears as one of the subjects of the second year's Prize. Lectures on Forensic Medicine are given during the Winter Session instead of the Summer as heretofore.

The Students' Club has at the present time 10 Honorary Members, 91 Life Members, and 243 Annual Subscribers. Its continued popularity must be ascribed in great measure to the excellent catering of the Steward, and his unremitting attention to the comfort and convenience of the Members. The Cricket and Football Clubs are also in a flourishing condition.

During the past year two new Class Rooms have been built for the use of the Physiological Department, and have proved very satisfactory. The Dissecting Room has been lighted by three Wenham lamps, and work can be carried on even through a London fog. A room has been found for the exclusive use of the Biological Class, and of the new Pathological Laboratory we have already spoken. An attempt has been made to render the Post-mortem Reports more complete by microscopic examination of fresh sections in doubtful cases, and fuller Indexes of the Inspections have been compiled, which, it is hoped, will render the labour of consulting them less toilsome. Very numerous Specimens have been added to the Museum, and a new Catalogue is in course of preparation; but the labour is great, and some years will be required for its completion.

We have had recently to chronicle the continued success of our Students at the Universities, and we were glad to place on record the Resolution of the Governors congratulating the successful competitors.

We cannot conclude this brief Retrospect without alluding to the loss by death of our Senior House-Surgeon, Mr. F. S. Hawkins. A life of great promise was

thus brought to an untimely close; but he will not have lived in vain if his example stimulate those who remain to follow his unselfish devotion to duty, and lofty enthusiasm for the good of suffering fellow men.

FORECAST FOR 1889.

In a preceding column we have reviewed the chief events of the year which is gone: it now remains, with that amount of doubt that a prophet should always feel, to forecast the events of the next twelve months.

It seems probable that the College will be built and ready for occupation at the beginning of the Winter Session. If so, it will be necessary about that time to introduce the new system of Appointments which has been already approved by the Staff and Governors, and in accordance with which the House-Physicians and House-Surgeons will be boarded and lodged in the new College. We may remind our readers that it will be connected with the Hospital by a Subway running along the north end of the Medical building to join the existing underground passage. While the effect of the new system will be to diminish the importance and responsibility of the Full Dressership, it will enable every Student to gain a practical knowledge of the treatment of fractures of the lower extremity in the Wards, and with the increased numbers of House-Physicians and House-Surgeons will come increased opportunities for the best men to hold one or both of these coveted appointments. The Students' Club will take up its quarters in the new College, and the Wards, at present occupied as Club Rooms, will be set free. There are rumours that the Governors may see their way to re-open them for the reception of Patients; but it is clear that they are in no way bound to do so, for in their Appeal to the Public, they asked for funds to enable them to keep open the existing number of Beds, not to re-open fresh Beds.

The Scheme for the establishment of a complete Dental School has lately received the approval of the Governors, and we will add nothing further to the account given elsewhere, except that we are glad to find Guy's taking the lead in a reform which will confer undoubted benefit on the poor of the neighbourhood.

We must conclude with the hope that the activity which Governors and Staff, working harmoniously together, are displaying in order to keep our Hospital and School foremost in the march of progress, may meet with encouragement, and that when next January comes round we may have to congratulate them and ourselves on successes greater even than the past year has brought.

The Physiological Department has been much improved within the last few weeks by the completion of two well-lighted and convenient rooms in direct communication with the old Physiological Laboratory. The rooms are one above the other; the lower of the two has been fitted with the necessary benches, &c., for carrying on class teaching in Physiological Chemistry; the upper is arranged for giving demonstrations and performing experiments in further elucidation of the subjects treated of in the systematic lectures. All necessary instruments for the purposes are being provided, the principal being already in use.

A reference to the Calendar shows that class teaching in Physiology has been much extended this year; and it is hoped, by October next, that the plan will be still further developed,—not, however, for "cram" purposes, but as an adjunct to the systematic course of Lectures, and to supply the tutorial method of teaching, by which alone the student can really become familiarized with so difficult and complex a subject as Modern Physiology.

DENTAL SURGERY AT GUY'S HOSPITAL

By F. NEWLAND-PEDLEY,
Dental Surgeon to the Hospital.

The Governors of Guy's Hospital have decided to open a complete Dental School as an extension of the Dental Department, and applications are, elsewhere, invited for Six Assistant Dental Surgeons, Lecturers on Dental Anatomy and Physiology, and Dental Mechanics; an Anæsthetist; and a Tutor for the Dental Students, Two of the Lectureships are already filled: the Dental Surgeon to the Hospital will lecture on Dental Surgery, and Mr. Groves, F.R.S., will undertake the lectures on Dental Metallurgy.

Anyone familiar with Metropolitan Hospital practice must be aware that no attempt has hitherto been made to give thorough treatment to Dental Out-patients, for the simple reason that such cases can only be effectually dealt with in a school where the labour of skilled Dental Students can be utilized under the daily tuition and supervision of a considerable special staff. Moreover the instruments and materials used in filling teeth are very expensive, and Dental operations require the best possible light. A further difficulty existed in the once unsatisfactory relationship of the Dental specialty to general medicine, but by the Dental Act of 1878 it became impossible for anyone to enter the profession without obtaining the L. D. S. diploma of the Royal College of Surgeons, which requires a curriculum of at least four years. Thenceforth Dental Surgery became a recognised specialty of medicine, and the two Dental Hospitals in London developed an elaborate system of special education to meet the combined needs of Dental Students and patients. The Dental Hospital of London is admirably

conducted, but it does not meet the needs of the Dental Departments of General Hospitals, for no operation except the extraction of a tooth is performed without a subscriber's order, and Guy's Hospital alone, with its rapidly increasing annual attendance of about 5,000 Dental out-patients, could supply enough cases requiring "stoppings" to tax the resources of a Dental Hospital.

The present education of the Dental Student compels him to attend two Hospitals simultaneously, for there are no beds and no surgical or medical teaching at the Special Hospitals; and, as "Charing Cross" harmonizes its scheme of lectures to meet that of the Dental Hospital of London, the majority ef Dental Students go there, and very few indeed resort to the Great Hospitals. The consequence is, that little is known about Dentistry in General Hospitals, save what is inferred from the practice of the special departments which mainly consistcd in the extraction of teeth, and it is little to be wondered at that the medical profession looked askance at a specialty of which the Hospital practice seemed to be based on the theory that removal of affected organs is the suitable treatment for all diseases. Individual Hospitals, notably St. Bartholomew's, undertook to save a certain number of teeth, but it was generally maintained that Dental Surgery could only be practised on its highest lines in a special Hospital, and it must be admitted that the facilities offered by General Hospitals went far to confirm this assumption. About three years ago, however, the Authorities of Guy's fitted up a small Dental Department to suit the requirements of the Dentists, and since that time it has been conclusively shown that there is nothing in Dental Surgery which cannot be done and taught in a General Hospital. A healthy reaction is afoot in favour of improved Dental Departments, and there is no reason to doubt that in time all Medical Students will have opportunities of observing the operations of Dental Surgery.

This may suffice for the requirements of medical education, but it does not enable even a small percentage of Dental Out-patients to have their teeth preserved. Meanwhile the two special Hospitals have been extended to their utmost structural limits, and it only remains to erect fresh special Hospitals, or that such General Hospitals as may be able should undertake the treatment of their own Dental cases with the facilities offered by a Dental School, in the same way that the work of the other departments is carried on.

The Dental Student soon becomes a valuable Assistant in Dental operations, for before he enters a Hospital he must have devoted two or three years exclusively to apprenticeship served in the work-room of a registered Dental Surgeon. There he acquires mechanical skill in his calling, which includes not one but many crafts. In casting, moulding, carving, and the delicate work of the jeweller's art, the student learns the deft use of tools—and what are instruments but fine tools? The transition from the work of shaping porcelain teeth on the lapidary's lathe to the preparation of cavities within the tissues of the human tooth by the use of the Dental engine, is an easy task, and a couple of months spent in practice upon cavities drilled in a piece of hippopotamus ivory, or in carious teeth obtained from the extracting room, fits the student to undertake the simplest "fillings" in the mouth, under supervision, and from this point his progress is rapid and his aid valuable. Guy's Hospital, standing alone in a densely populated district of South London, can well include a Dental School in lieu of the present special department, and will thereby be the means of alleviating a vast amount of human suffering and disease, and at the same time will offer the most advanced education to those who wish to follow Dentistry as a profession.

Instead of leading a wandering existence between a special and a general Hospital, the Dental Student at Guy's will be able to obtain his whole education beneath one roof and among Medical Students. He will receive all the benefits that accrue from study in a Great Hospital instead of two small ones, and will undergo his professional training in the midst of Medical Students. Friendships thus formed cannot fail to be of inestimable value to the young Specialist at the outset of his career.

The cost of a perpetual ticket for all the lectures and practice required for the L. D. S. Eng. will be rather less at Guy's than at either of the Dental Hospitals, and special concessions are offered to such Dental Students as desire to take a Medical qualification, in addition to the L. D. S.

The number of patients requiring operation is practically unlimited, and all necessary preparations are being made to carry on the work under the most favourable conditions. The present Dental Department will be reserved for extractions, and a large room for conservative Dental operations will be built separately, having six windows in front and a glass roof.

Cases suitable for conservative treatment will be transferred from the extracting room, and their teeth will be treated by skilled Dental Students, under the supervision of the Dental Officers of the day. Nitrous oxide gas will be manufactured in the Dispensary, and laid on to the extracting room. In all necessary cases, gas alone, or in combination with ether, will be given, under the supervision of the Anæsthetist. The Dental House-Surgeoncies will be tenable for six months, and be open as appointments for qualified Students.

The wards of the Hospital always contain interesting Dental cases, and numerous instances of fractures of the jaw come under treatment. The Hospital undertakes to provide all Dental patients subjected to Surgical operations in the wards with artificial substitutes for parts removed, and many opportunities occur for Students to observe the treatment of oral deformities resulting from disease, or the operations performed for the removal of growths.

The education thus offered to Dental Students at Guy's Hospital should induce many young men who contemplate entering the already crowded Medical profession to adopt the specialty of Dental Surgery, in which youth is no obstacle to success, and the numbers of those engaged in it is decreasing.

Such candidates are advised to pass the "preliminary," register as Students, and at once commence their apprenticeship to a registered Dental Surgeon. Two years later they will be ready to enter a Hospital and Dental School. Qualified Surgeons undergo an abbreviated term of apprenticeship, and are only examined in the "Special" subjects for the L. D. S. diploma.

CHEMISTRY & FORENSIC MEDICINE.

The Courses of Lectures and Demonstrations on Chemistry have been modified for the year 1888–9, in order to meet the requirements of the Conjoint College Examinations, and to suit the convenience of students. Dr. Debus being abroad for the benefit of his health, Mr. Groves has transferred his ordinary course of lectures from the months January—March to the Summer Session. Dr. Stevenson commenced the Winter Session as usual, with a three months' Course of Lectures on Inorganic Chemistry. Students have now the advantage of hearing Chemical Lectures during both the Winter and Summer Sessions, instead of having a six months' Winter course; and students entering in May have no longer the disadvantage of not being able to hear Chemical Lectures should they desire to present themselves at the College Examinations in the July or October following.

Mr. Groves will give the usual Summer Demonstrations in Practical Chemistry; and he holds classes and gives Lectures on Organic Chemistry, as heretofore, primarily for the benefit of students about to present themselves at the Preliminary Scientific and Intermediate M.B. Examinations of the University of London. Students intending to present themselves at the forthcoming Preliminary Scientific Examination this month have received instruction in Practical Chemistry during the past two months. The aggregate amount of Chemical instruction now given in the Medical School of Guy's Hospital is vastly greater than that given not many years ago. It is hoped that the changes will be appreciated by students in whose interests they have been made.

Dr. Stevenson has transferred his Lectures on Medical Jurisprudence from the Summer to the latter half of the Winter Session; this will enable him somewhat to increase the number of Lectures. The alteration in the date of the First M.B. Examination of the University of London having permitted little time to be devoted to Practical Forensic Medicine, he has transferred the class in this subject to the Summer Session, and will somewhat extend it. There will thus be teaching in Forensic Medicine during six months of the year, instead of during four months as formerly.

Dr. Stevenson wishes us to announce that he is at all times willing to advise students on Medico-Legal cases occurring in the practice of the Hospital, and hopes that the Resident Officers will at once inform him of any such cases coming under their notice, so that they may be utilised for the purposes of instruction.

PATHOLOGICAL DEPARTMENT.

We have received a copy of the Index of the Reports of Inspections made during the Year 1887. It is printed in alphabetical form, and rendered as full as possible by the method of cross references. This constitutes a very valuable addition to the Reports, and has been adopted in the volumes for the past three years. It will be an inestimable boon to those who are looking up a particular disease, or a series of cases. By the method of cutting and staining fresh sections of diseased organs, which is now in daily use, it is hoped that greater accuracy in description will be obtained and the value of the Reports thereby enhanced.

An interesting address was delivered last year by Prof. Billing on "Medical Museums." The returns from forty-two Pathological Museums are given, stating the number of specimens in each. On this list Guy's stands fourth with 7,515 preparations. Those containing more are the Pathological Institute at Berlin which has 17,000 specimens; the Army Medical Museum at Washington with 8,354; and the Pathological Institute at Strasburg with 8,000.

Thus Guy's Museum contains the largest number of Pathological Specimens in the Uuited Kingdom.

GUY'S HOSPITAL.—The Governors of Guy's Hospital, having decided to open a complete Dental School as an extension of the Dental Department of the Hospital, invite applications for the following appointments:—

Six Assistant Dental Surgeons, Lecturers on Dental Anatomy and Physiology, and Dental Mechanics, an Anæsthetist, and a Tutor for the Dental Students.

The Assistant Dental Surgeons, who must possess the Diploma in Dental Surgery of the Royal College of Surgeons of England, will be required to attend in the department each one morning a week.

Applications, with testimonials, should be sent to the Clerk to the Governors, The Counting House, Guy's Hospital, on or before the 25th of March, 1889. Further information can be obtained from the Dean of the Medical School.

THE Clerk of the Works at the new College site received a visit the other day from a gentleman, who explained that he was "Houshshurgeon to Guyshhoshpital," and claimed, at the same time, a well-known name. He gave orders that all the men should "shtopworkingimmeshiately." Why they were to "shtop" did not transpire, but the visitor was very positive in his commands, and inclined to enforce them with violence. The Clerk of the Works had very grave doubts of the gentleman's sobriety. and even more of his identity, especially as one of the workmen was certain that the name he claimed belonged to a very different sort of gentleman, and was always associated with an eye-glass. This benevolent friend of the working man was therefore removed. It turns out that he was, indeed, a Guy's man, though certainly not entitled to the name he used. Let it be remembered, in extenuation, that Christmas, with its duties and responsibilities, was upon him.

PUBLIC HEALTH DIPLOMAS, AND HOW TO GET THEM.

BY A CANDIDATE.

Since the passing of the Local Government Bill, the possession of a D. P. H. has become a matter of vital necessity to many practitioners of long standing, and from the action taken by the authorities, it is probable that this degree will acquire even a more prominent value.

All Medical men who propose to enter Government service, whether Army, Navy, Prisons, or Sanitary, will do well to take the examination as early as possible. The regulations permit of the diploma being taken by any registered candidate 24 years of age. and it may therefore be taken by qualified Students at the end of their Hospital career.

The intention of this article is to define as clearly as possible the scope of the examination for the benefit of intending candidates, indicating the necessary text-books, and any particular points which the examiners may require.

It will thus be convenient to take the syllabus issued by the conjoint Board, and discuss its details.

Part I., which may be taken at 23 years of age, commences thus—

1. *Physics in their Application to Health.*—With reference to

(*a*) Warming and ventilation.

(*b*) Water supply, sewerage, and drainage.

(*c*) Sanitary construction.

In this branch very considerable latitude is taken by examiners. Under (*a*) it is necessary to know all that is said in Parkes' Manual of Hygiene on the subject; and, also, it will be found very serviceable to be well acquainted with the physics of air and water. The subject may, perhaps, be summarised thus—

(*a*) *Warming and Ventilation.*—Composition of air; pollution by respiration; pollution by lighting; cubic space per head required under various conditions; methods of warming; stoves; piping; quantity of piping needed per 1,000 cubic feet; methods of ventilation; expansion of air; measurement of inlets and outlets; forms of air meter; air and ventilation of mines.

(*b*) *Water Supply, Sewerage, and Drainage.*—This ncludes, under the first head, all that can be said of water. Its source; methods of collection; means of distribution; risks of pollution; quantity required; the construction of water works, and the formulæ on which they depend; the relations of weight, volume, and capacity in water; methods of storage: materials of which pipes, reservoirs, and cisterns are constructed.

Under the head of Sewerage and Drainage a most extensive field is embraced. Quantity of excreta per head per diem; methods of sewage disposal; sewage farms, their construction and requisites; advantage and disadvantage of system; composition of sewage; chemical results of purification; composition of sewer gas; composition of sewage effluents; ventilation and flushing of sewers; house drains; closets; material to be used for soil pipes; relation of house drainage to water supply; forms of sewer traps; drainage of cellars. Lastly—all forms of sanitary appliance.

In connection with this subject, a visit to the Parkes' Museum of Hygiene, and a practical acquaintance with the appliances, where exhibited, will prove of the greatest possible value. The report of the Rivers Pollution Commissioners, and any Local Government reports on Town Sewage, should be looked at; and, if possible, a knowledge of any *good* sewage works (not those of the Metropolitan Board of Works) is very useful. Baldwin Latham on Sanitary Engineering and Sanitary Plumbing, and Eassie on Healthy Houses, together with Teale's Dangers to Health, and the literature published in connection with the Healtheries, also form useful books of reference.

2. *Meteorology in Relation to Health.*—This includes a description of thermometers, barometers, rain gauges, &c., and the methods of recording observations from them.

The effects on the human body in health and disease of changes in temperature and pressure; the estimation of dewpoint and relative humidity, and the weight of vapour; the exact figures of saturation at freezing point and at 60° F. should be known; the fixing of rain guages; the average rainfall, in inches, gallons, and tons; its relation to water supply.

Ozone, and its Determination.—In addition to the Meteorology chapter in Parkes', Scott's Meteorology (International Scientific Series) should be read.

3. *Chemistry.*—The theoretical knowledge of the chemistry of air and water has already been mentioned. Some practical work is also required as regards air. Candidates are not required to make quantitative examinations of the samples submitted, but only to test qualitatively for the presence of other gases; but it is certainly advisable to be acquainted with a method for estimating the percentage of Co_2 in air. This will be found in Parkes'; only about two litres of air is given in each sample.

In water analysis, candidates should remember that their opinion of the sanitary composition is required, and not of the chemical salts contained, other than those causing impurity.

The estimation of ammonia, free and albuminoid, of chlorides, and, if possible, of nitrites and nitrates, is most valuable, and the hardness can also be determined. It is impossible, in the time allotted, to ascertain the total solids, or satisfactorily to measure organic nitrogen; but it is possible to estimate the chloride of two waters, and the ammonia of at least one.

The method of reading analysis must be well known, and it is well to know the analysis of one or two standard waters.

The metric system should be employed, and results stated, either per 100,000 parts or per 70,000 (grains per gallon). With the measures given in London, the former is the more rapid method.

The presence of lead should be looked for, and a method of estimation known. The salts of lime, magnesia, &c., need not be regarded in sanitary analysis, unless the water is to be condemned for hardness.

No mention is made in the syllabus of the analysis of milk, butter, or bread; and though this is not required practically, some knowledge of the usual processes is very desirable. The percentage composition of milk, of butter fat, and the qualitative tests for mineral adulteration of flour should be known.

4. *Microscope Work.*—This includes bacteriology, the common appearances in air and water, animalcules, entozoa, and the starches.

As regards the first, attention to the progress of the science is required, because some new bacillus is constantly being differentiated.

Parkes' contains copious notes on air, water, and starches, and much useful information will be found in the Public Health handbooks on fermentation and laboratory work. Of course, the entozoa tænia, trichina. &c., should be known as for an examination in Medicine.

5. *Geology.*—The greater part of this subject is comprised in the questions of drainage and water supply. It is, however, necessary to know something of the chemical composition of various formations, and their order in relation to one another. Their power of water supply, capacity for heat, power of taking up moisture, and the depth of ground water; necessity for subsoil drainage; sites for dwellings, hospitals, and sewage farms.

6. *Vital Statistics.*—The greater part of this subject will be found in Wilson's Hygiene. It includes methods of calculating rates of mortality and other tables; increment of population and causes affecting it; the rates for deaths from zymotic diseases; infantile mortality; different causes of death according to season and locality; life tables; average age at death; expectation of life; problems relating to probabilities.

Dr. Fan's vital statistics may be carefully consulted, and it is well to understand how to solve a theorem, in probability as one is sometimes set.

This concludes the syllabus, but not the subjects, one most important one being required which is not stated.

7. *Food.*—The composition of foods; physiological requirements of man in various conditions; diet tables; relation of food to energy; details relating to various articles of diet; problems in food and energy.

The books indicated for Part I. above are:—

Parkes' Practical Hygiene.

Wilson's Handbook of Hygiene.

Latham's Sanitary Engineering.

Latham's House Sanitation.

Tidy, Sewage Disposal.

Eassie, Healthy Houses.

Teale, Dangers to Health.

The Rivers Pollution Commission Sixth Report.

Any Reports on Sewage Disposal.

Health Exhibition Literature.

Scott's Meteorology.

Fann's Vital Statistics.

Any Good Algebra on Probability.

Elementary Chemistry and Physiology.

(To be concluded.)

NOTES FROM ABROAD—HONG KONG AND CHINA.

The island of Hong Kong was formerly a very unhealthy place, but at the present day sanitary science has done wonders there in a very incredible period. The sea of hills composing this British possession is covered with English dwellings—bungalows, which surpass in comfort and luxury the like elsewhere. The residents have been wise in building on the high ground, in preference to remaining below in old Hong Kong Town. The highest peak is 1880 feet, on the summit of which the Governor basks, and another gentleman of a very hospitable nature.

One of the grandest panoramic views that can possibly be imagined is to be obtained from the peak and bluffs of this island. The pretty harbour, with its English ships and Chinese junks, at night-time a sight to behold, then the hills of China opposite, and the wide expanse of ocean beyond dotted with fishing craft,—is a constant picture when eyeing the horizon. Nearer our vision and below us lies little Hong Kong with its patch of green verdure, the happy Valley, and Aberdeen. The bluffs themselves of different elevations, with here and there residential seats, and occasionally enveloped in passing clouds; the wonderful cable car with its steep gradient, and the whole panorama, subject to varying lights and shades should make this a paradise. But yet there are two things which materially affect the beautiful spot—the dampness pervading everywhere and the warnings of a typhoon.

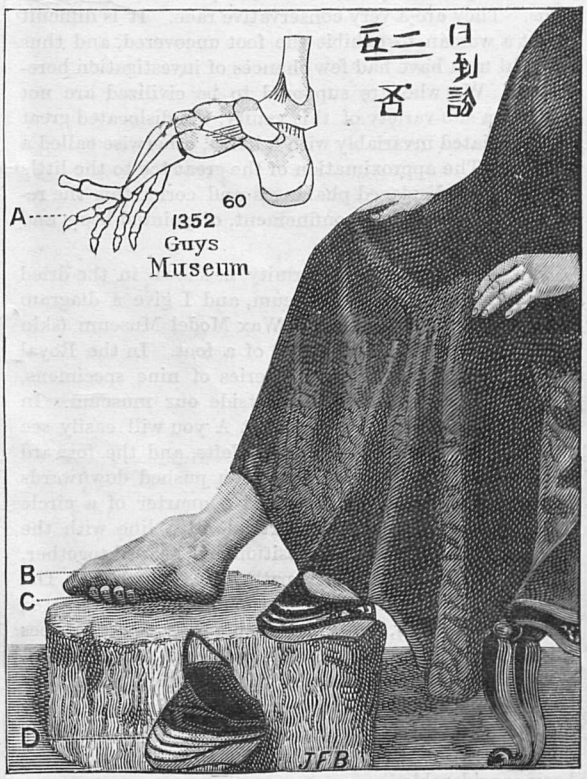
The signal gun, so well known to the residents, appeals to them to close their typhoon shutters, and reminds the Hong Kongese of the great possibility of a serious calamity. This and the mildew, coupled with some oppressive days, calls for the extra comforts and luxuries which a visitor experiences. A pleasant stay in this semi-Chinese land enabled me to take advantage of The College of Medicine for Chinese. Here it was I saw our fraternity slaving disadvantageously for dollars in an enervating tropical climate, and voluntarily giving their

services to the College. Our School boasts in the past of Bright, Addison, Hodgken, Aston Key, and Astley Cooper, and, of more recent date, we know of some familiar names and faces. With the high standard before us, Old Guy's Men must be excused if they raise their Alma Mater on too lofty a pinnacle or are carried away, for there are others outside our walls to whom the public is indebted. In the island, then, there is a rising Chinese Medical School under the surveillance of British practitioners. The Professoriate is good, the Collateral Sciences are taught, and the Specialties of the profession are well considered. Examinations and prizes are awarded in all classes. The rooms are commodious; there is a pathological department, and the commencement of a Museum. At present they are without a dissecting room, but that, no doubt, will follow in process of time. The Hospital has its governors, lay and medical committees, and the yearly prospectus speaks for itself. The present House Surgeon is Dr. Tchin Eng. The staff can show two suitable teachers: Dr. Manson, who wrote an able paper on Filaria Sanguinis, and J. Cantley, Esq., F.R.C.S., late Assist.-Surgeon to Charing Cross Hospital, and well known in connection with the volunteer force. Thirty to forty or more in-patients can be accommodated, and the space, ventilation, and ward comforts, are completed by English pictures and Chinese hangings. The Institution is the fac-simile of a London Hospital, but occupied by Celestial men, women, and children,

The out-patient department is all that could be desired, and the attendance of both sexes is satisfactory. It is interesting and pleasant to sit with pig-tails discussing medical matters, for their gentlemanly demeanour, earnestness, thoughtfulness, and intelligence, add to the charm. Our teachers would much admire the acumen and quick answers of these Chinese students, the demonstrators of anatomy find rivals in manipulative skill, and an admiring member of the staff might suggest their taking out The London University course.

There are surgeons' dressers, medical and surgical clerks, and a dispenser. The out-patient department possesses an intelligent English-speaking Chinese nurse in her Celestial costume. Being great imitators by nature, the Chinese students prove themselves careful and reliable assistants. The usual medical and surgical diseases are met with, and in addition, there are a large number of cases not frequently seen with us. The chief of these is Beri-Beri, an affection related to Locomoter Ataxia, but a different section of the spinal cord has shown pathological changes (Manson, Hong Kong); in England a perineuritis is generally accepted now-a-days. Cases have been cured (Manson), so that it is in favour of the home-view of the pathology. A prominent symptom is hyperæsthesia, akin to tetanus; there is a staggering gait, but the patient can walk along a board without turning aside —the patella reflex is affected. Then there are always numerous cases of True Leprosy (Elephantiasis Græcorum) in their several stages. Lastly, but not least to the Surgeon, is the "artificial distortion"—clubfoot—the vanity of the female. This acquired abnormality is the result of bandaging in early life, and confinement to a horse-shoe shaped boot. It is the pride of No. 1 (upper classes) Chinese women, almost entirely, although some of the No. 4 (lower classes) practice it. The annexed sketch I have taken from a Hong Kong photograph. The four outer toes are seen doubled under the sole with a slight cleft between them, and presenting on the inner side of the foot: but there is a large sulcus behind in front of the heel.

A FORM OF ARTIFICIAL DISTORTION.



A=Diagram, shewing the displaced os calcis and the shortening of the foot.

B=Sulcus thus formed.

C=Displaced toes with a small cleft between them and the sole.

D=The horse-shoe shaped boot.

The sketch is from a photograph of a Chinese woman in Hong Kong.

The bones of the foot from a specimen in Guy's Hospital Museum. 1352^{60}

The Chinese writing, read from right to left and from above downwards—

Date, Come, Visit, Tuesday and Friday, Bottle.

The foot is considerably shortened, and necessarily the instep becomes more convex. This little Chinese foot adapts itself to the boot D: the part in front of the sulcus takes "the frog" or sole of the boot, the portion behind, the soft leather just above the heel. The foot becomes useless for progression, the elastic step has departed. The lower limbs of these people can be only compared to wooden limbs—they walk stilt-like. The stump of a Pirogoff, Chopart, or Syme's operation is preferable if they did but know it.

Unfortunately, the Chinese will not tolerate Surgery from the operative point of view, or permit of post-mortems. They are a very conservative race. It is difficult to get a woman to exhibit the foot uncovered, and thus medical men have had few chances of investigation heretofore. We who are supposed to be civilized are not without a sub-variety of this vanity, the dislocated great toe associated invariably with a bursa, otherwise called a bunion. The approximation of the great toe to the little toe produces displaced phalanges and corns, this the result of pressure and confinement, of pointed boots and shoes.

The anatomy of the deformity is shewn in the dried specimen 1352[60], Guy's Museum, and I give a diagram of it. There is also in the Wax Model Museum (skin department), 84, a good model of a foot. In the Royal College of Surgeons, there is a series of nine specimens, and these are all I can find outside our museum. In examining the bones depicted at A you will easily see the cause for the shortening, the clefts, and the forward convexity. The os calcis has been pushed downwards from its horizontal position, and a quarter of a circle described. It has become vertical, in a line with the malleoli. The bones are in position, but heaped together. None of the specimens shew pathological changes. The phalanges of the great toe in the diagram are directed upwards (unusual), and the same bones of the other toes turned towards the inner border of the foot and distorted. The whole is fixed together in this abnormal position by their ligaments. It will be seen, from the situation of the displaced os calcis, that the change is one of slow development, for the stretching of the tendo achillis has been considerable.

Many poor Celestials frequently quit China, settling in quarters, and bringing with them all their habits and customs. Having collected sufficient dollars, they return home, either alive or dead. There is a constant to-and-fro stream of them. These Chinese quarters become permanent; they occupy a large area very often. The number in the quarters at San Francisco is estimated at some thousands, but it is a difficult thing to census the Chinese. A Chinaman prefers to be buried in his own country, from religious motives. If any of them die on board ship they are embalmed by the doctor—*i.e.*, injected. The fluid used is similar to that in the dissecting-room. They are then quickly transhipped to the Empire, to be buried with their ancestors. If there are many Celestial passengers, coffins become part of the ship's armamentary. Chinese and Africanders are more paying to shipping companies than anything else—for instance, the trade between Yokohama, Honolulu, and San Francisco, and along the East Coast of Africa *Un peu les suffit.*

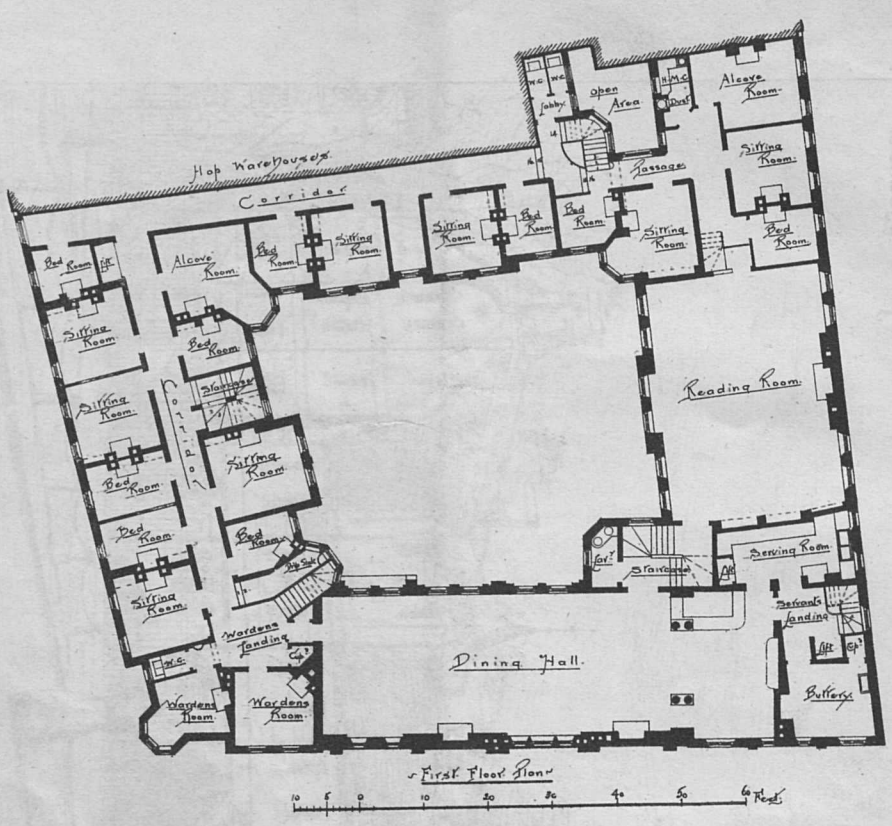
Nowadays, this Conservative Empire is altering essentially; for although, previously, European doctors had no chance of practising with success, since the foundation of the Hong Kong College of Medicine, and one or two others elsewhere, British Medicine and Surgery has sprung up and found its votaries among them. The Chinaman has become less biassed. However, it will be a long time ere Chopsticks discards from his dispensary such things as deer's horns, petrified bones and crabs, sea horse, snakes, pearls, tiger's bones, stalactites, and aramadillo scales. The usual prescription in a Chinese Hospital Proper is five, ten, to twenty things these infused, and ordered to be taken occasionally. The Celestials have a few serviceable rhizomes. There are many charitable institutions, Chinese hospitals, and numerous industries in this empire, with curious foodstuffs, among them dog's and rat's meat, bird's nest gelatine, frog's legs, shark's fins, and the everlasting small duck. The curiosities of the country are eagerly sought after by the traveller, especially the Canton embroideries.

Concerning opium, the abuse of it is similar to that of alcohol—a complete demoralization. It is mostly among the very lowest classes practised to an injurious extent. A confirmed opium smoker is like a confirmed drunkard he is always at it. His appearance much resembles that of a man affected with malignant disease, pallidness, and emaciation. The appetite is in abeyance, and his moral nature becomes disastrously involved. Most Chinamen invariably smoke a mild form of tobacco, and not opium—a few whiffs, little and often, from a small pipe. Take the coolies (the labouring low class), as a whole, they are a hardy set of fellows, muscular, and otherwise well developed, and would "take the shine out of many a Britisher, or an Australian stevedore," as the Americans say.

These Colleges of Medicine in China must, then, eventually produce roots of a magnitude—a change in that vast empire of 400,000,000 people—salutary to the whole world. Better for John Chinaman to have his blood shed by Dr. Ho Kais' scalpel than from the weapon of Mars.

To avoid rusting when abroad, advantage should be taken of attending these foreign institutions. The delights of sight-seeing may dazzle a few, and divert their minds from more serious professional work. Medical men in the Colonies are peculiarly hospitable to would-be lovers of our science and art, and to those desirous of study. Since English Medicine and Surgery have taken root on Chinese soil, let us nourish and encourage it. One day we may see Chopsticks in our wards.

Dec. 17th, 1888. J. F. BRISCOE.


Hop Warehouses
Corridor
Lobby
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Open Area
H.M. Closet
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Alcove Room
Passage
Sitting Room
Bed Room
Reading Room
Dining Hall
Staircase
Lift
Serving Room
Servants Landing
Butlery
Wardens Landing
Wardens Room
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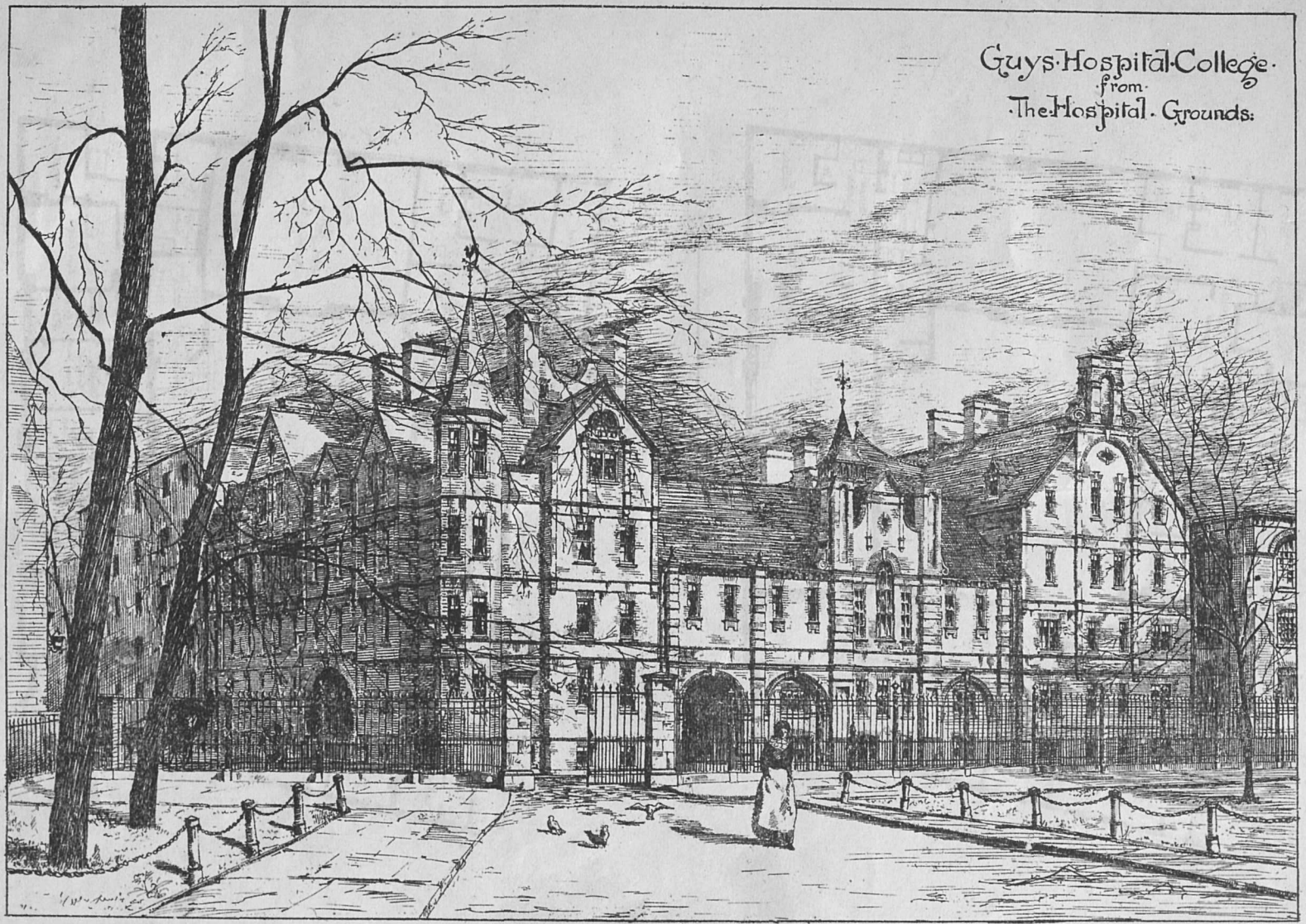


PHOTO-LITHO, SPRAGUE & Co LONDON.

Passim.

WITH the present number the GAZETTE begins the third year of its renewed existence. The past two years can have left nothing but pleasant memories with all who have been associated in its management, and there is every evidence that it has impressed a large circle of readers with a belief in its raison d'être, and with an interest in its welfare. Its revival in 1887 was an almost inevitable outcome of the new life and enterprise stirring in the pulses of our alma mater, and the best guarantee for its future lies in the undoubted fact that this new activity is only beginning, that it must grow, and that it will need these columns to help give it expression.

BUT while feeling thus confident in our future, it may be well perhaps, at the beginning of a new year, to look to our condition, and to improve the actual by renewed comparison with the ideal. Our ideal function, then, is to help knit together all living Guy's men, Practitioner and Student alike; and it is only by recognizing this that the GAZETTE can maintain its right to existence. It must be written by Guy's men for Guy's men, and its pages must, one and all, bear the impress of this feeling of fellowship. To this end, as was once before urged here, all Guy's Students, past and present, should consider themselves — *ipso facto*, members of its staff, and, whenever possible, should become contributors to its columns.

THERE are some 2,300 of us on the Medical Register, and 473 in statu pupillari, and we are, or ought to be, vastly interesting to each other. To minister to this interest is the highest function of the GAZETTE. Of this present issue 2,500 copies will be printed, and it will not be the fault of the management if every Guy's man does not read these words: —*The ideal* GUY'S GAZETTE *would be a journal to the columns of which every member of the profession, eminent or humble, who owes his medical education to our School, should contribute in so far as it lies in his power.* We hope to make much progress towards this ideal during the coming year.

THE Privy Council has appointed Dr. STEVENSON Visitor of the Examinations (in London) of the Pharmaceutical Society of Great Britain, *vice* Dr. Greenhow, deceased.

THOSE gentlemen who intend to go up in July for the First Conjoint Examination in Materia Medica and Pharmacy will find the present session to be the most convenient one for attending the Practical Pharmacy Class. The lectures, &c., during the summer session leave but little time during the day to attend extra classes.

WE would call the special attention of our readers to notes which we publish in the present number on the New Dental Scheme, on alterations in the Medical Jurisprudence Lectures and Classes, and to the Retrospect and Forecast. The latter will impress all who read it with a feeling of pleasure at the prospect of a great future for Guy's.

THE "Guy's Hospital Reports" for 1888 are now ready.

WE notice that Mr. JACOBSON'S "Operations of Surgery" will be published on the 7th inst. It is announced as "intended for use on the dead and living subject alike, by those preparing for the higher examinations and by those recently appointed on a Hospital staff."

AT the meeting of the "Physical" to-night, Mr. J. M. GILL will read a paper on "Uræmia." To attend the "Physical" would be a good form of New Year's resolve for Guy's men generally.

A large portrait in oils of Mr. THOS. BRYANT, F.R.C.S., has been added to the collection of paintings in the Medical Officer's Room.

THE Treasurer and other friends gave an Entertainment to the Nurses last evening, of which our next will contain a report.

MONDAY last was "going off" night in the rooms, the two H.S., Dr. Price and Mr. Metzgar, the H P., Mr. Campbell, and the R.O., Mr. W. C. Swayne, and Dressers and Clinicals, taking their farewell of the Residents and other friends. Though there was much seeming gaiety on the surface, there was without doubt an undercurrent of sadness amongst those who had come into personal contact with those going off, and this rendered the usual last night of the Old Year celebration round Guy's statue, at midnight, particularly appropriate; and as it was understood to be the last occasion on which the 31st December would be celebrated in the rooms as at present constituted, in honour of the event over sixty men formed the ring round the statue and sang "Auld Lang Syne."

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—Mr. Vicars, in his interesting Paper reported in the GAZETTE for December 22nd, refers to the influence of "fear" in the causation of puerperal fever. In this connection I feel that the following case may be of interest:—

Mrs. W., æt. 33, a big robust-looking woman, the mother of two or three children, though not married to the man with whom she lived, asked me to attend her in her approaching confinement. She had not been attended by a doctor in her former confinements, but was anxious to have one this time as she felt much dread of the event, although I could find no reason from her past experiences to account for her unusual fear.

Just as her time of confinement was approaching, I found that I should not be able to attend her, and went to see her to inform her of this fact. She listened quietly to my communication, then sat with her eyes fixed on the ground and kept saying that she felt sure she would never get over her confinement. She was evidently in a state of great fear and depression and I tried my best to cheer her, pointing to her previous easy labours and her present good health, but in vain; she simply shook her head sadly and was not to be moved from her opinion.

Some three weeks later she was confined, being attended by a midwife and apparently no difficulty was experienced. However, on the ninth day, I was asked to see her as she was not doing well. I found her sitting up and dressed, just as when I had last seen her, but now looking terribly ill. Her face was pinched and sallow, eyes sunken, temperature 104°, and pulse 140. There was profuse diarrhœa and vomiting, some abdominal pain and evident bronchitic sounds in the chest. She had got up hoping that the change of position might relieve her, but evidently feeling that it was indeed a forlorn hope. The next day she was worse, and on the eleventh day the pulse became "running," the temperature rose to 105°, the skin became almost yellow in tint, there was slight tympanites and low delirium, and she died in the evening.

I could find no evident local cause for her septicæmia, and I could not hear that the midwife had come from any source of infection, but there was no post-mortem and I would not pretend to speak on these points with scientific accuracy. Anyhow the case, with its extraordinary prevision of coming ill and its terrible sequence, has remained to my mind, as indicating something much more than a mere coincidence. I have seen many frightened puerperal women, but never one who was possessed with such a settled conviction of impending evil.—Yours very faithfully,

EDWARD PENNY.

P.S.—The colour of the skin might make one think of acute yellow atrophy of the liver, but I think that the points in favour of septicæmia are too strong, though I regret that the urine was not examined.

The Hermitage, Marlborough.

THE NEW COLLEGE.

We publish with the present number an elevation and two plans of the new College, which will give our readers a better idea of what it is to be than any amount of verbal description.

We gave in September an account of the accommodation which the building will contain, but it will not be out of place to briefly repeat the information. In addition to ample accommodation for the resident staff, there will be, for students, thirty-four sets of rooms consisting of a sitting room and bed room each; two sets, each of two bed rooms and a single sitting room; and eight single rooms with an alcove for the bed. The public rooms, for the use of residents in the College and of members of the Students' Club, will comprise a large dining hall, smoking room and reading room. The sanitary arrangements, lavatories, &c., will be specially complete.

Apropos, we ventured to interview, one day this week, the courteous Clerk of the Works,

Mr. Thomas W. Abbott. The concrete foundation, he said, would be finished early this week. They had dug down thirteen feet from the pavement level and had filled up five feet with solid concrete, forming a foundation such as probably no other building in London, save the Law Courts, possessed. They had been obliged to remove in barges large quantities of boggy soil, which as a matter of fact was ancient Thames mud. The river undoubtedly reached as far as the site in the past, and in digging down they came upon what were evidently old breakwaters. Some years ago, in digging for the foundation of an adjacent warehouse, an old barge was found embedded in mud deposits below. In later days, indeed, the whole district is known to have been a swamp or marsh where maize was grown in quantities. Hence the name Maze Pond. At a considerable depth below the surface, in the College site, the workmen came across what was possibly an old drain, a bricked passage, ten feet in vertical diameter. Some five or six thousand bullocks' horns were unearthed, forming a rather extraordinary treasure-trove with an unexplained history. But of actual "finds" in an antiquarian sense there have been practically none. A solitary little bottle of green glass, veined with yellow, and obviously ancient, together with a piece of broken pottery, the pattern on which would convince the most unbelieving critic of its antiquity, are all there are to show. In addition, some old clay tobacco-pipes were discovered, with very small bowls and very thick stems, identical in pattern with some unearthed in the hospital grounds the other day. There is little doubt that these belong to the time of the Commonwealth, and are probably relics of a military encampment which is known to have existed here in those days.

The men employed on the works number some five-and-thirty, concretors and timbermen. The contractors expect to have raised the foundation to pavement level within about a month.

CHRISTMAS IN THE WARDS.

"Let him have hospitals," said Maggie, Little Dorrit's protegée, when the latter was describing the riches of the fine King in her story. "Let him have hospitals, because they're so comfortable. Hospitals with lots of "Chicking." Poor Maggie's enthusiasm will find an echo in the hearts of many who have spent their Christmas within the old walls of Guy's, this year no less than in previous ones. The unaccustomed taste of "Chicking," or its equivalent, the bright surroundings, and the kind treatment, leave an impression which is never to be forgotten. But Christmas in a hospital is impressive to others besides the poor patients. Life is always most striking in its contrasts, where its light and shade come in closest apposition, and surely this is nowhere seen more vividly than in the wards at Christmas. The smile and the groan may strive for mastery, but the former is victor for the hour, and that is no light thing. The following is a brief resumé of the Christmas doings this year, the accounts being sent in by various friends in the wards:—

EYE WARDS. — "Sabina" sends us an interesting account of the entertainments in these wards, but want of space prevents our printing it at length. The decorations received much attention, the Chinese lanterns being festooned in a specially effective manner. At the dinner on Christmas day 33lbs. of beef were consumed, and an equivalent quantity of plum pudding followed. During the dinner hour the patients were visited by the Treasurer and his wife, Dr. Steele and his family, and the Matron. In the morning Christmas Carols were sung, and in the afternoon the nigger minstrels paid a visit. Christmas boxes were distributed to all. A great feature of the day was the singing of "Father O'Flynn" with great éclat by an Irishman named Pat, one of the patients. On Boxing Day an entertainment was given in connection with the Kyrle Society, which was much appreciated, especially the efforts of Mr. Gillespie and Miss Bower.

DORCAS.—The Christmas festivities in Dorcas ward passed off with great success. The patients were regaled at 12.30 with the usual Christmas dinner of roast beef and plum pudding, which they all appeared to enjoy most thoroughly. They all seemed to be much the better for the good fare. The ward was visited in the afternoon by the minstrel troupe, who caused much amusement, the dancing of "the twins" (the Brothers Scott) causing much amusement. On Saturday evening all the children in the Hospital were invited by the sisters to a Christmas tea and concert, and seemed to enjoy themselves most thoroughly. The musical part of the entertainment was a great success, and the hearty thanks of all present are due to the ladies and gentlemen who so kindly assisted. The singing of Miss Bevans was particularly appreciated, and the duet for two violins and piano by the Misses Whitley was listened to with the greatest pleasure, while the singing of carols and solos by Messrs. Mee and Titmas was most enjoyable. Mr. Fuller played two solos on the violin with his usual

taste, and earned well-deserved applause, while the comic songs of Mr. H. W. Whyte were vociferously applauded. The evening's entertainment concluded, as usual, with "Auld Lang Syne."

STEPHEN ward looked exceedingly well. Dinner, which consisted of a plentiful supply of roast beef and plum pudding, was served at 1 p.m., after which the minstrel troupe visited the ward and amused the patients for about half an hour. All who cared to smoke were invited to do so in the afternoon and evening. Altogether a very pleasant day was spent, and the patients one and all thoroughly enjoyed it.

MARY.—Great praise is due to all those who took part in the decoration of Mary, which, in spite of its great size, was as fully decorated as any ward in the hospital. The arches over the central fireplaces, in the divisions and the two doorways, were draped with curtains and flags and banked up with moss and flowers, the brackets being also covered by bright handkerchiefs and ivy. The hall in which the concert was held was provided with a raised stage, and hung with curtains and lanterns, and was profusely decorated with evergreens. The concert, which took place on the 26th, included songs, recitations, violins and banjo, was in every way a success, and enjoyed to the full by an appreciative audience, patients, and visitors.

CHARITY Ward, on Christmas Day, presented an extremely pretty sight, the ward being very nicely decorated. An especial feature was, that each cot had curtains made of white cotton wool, with ivy down the edge and a robin perched on the top. Dinner was served at 1 p.m., consisting of beef, vegetables, Christmas pudding, and dessert. Mr. Hosking, Senior Dresser to Mr. Howse, carved. Mr. and Mrs. Lushington arrived just about dinner time to look around the decorations. The nigger troupe sang in the ward at 6 p.m., and gave great amusement and pleasure. The day wound up with tea, some hymns, and bed.

ON the 26th the children and some patients from other wards, as well as the friends and the residents, were invited by Sister to assist at the distribution of presents, which were contained in a huge snowball made of cotton wool, and prettily decorated with ivy, mistletoe, and holly, and some robins perched about—the whole set on a platform covered with red cloth, with small lanterns around it. Dr. Price, Senior H.S., in the character of Father Christmas, handed the presents to Mrs. Howse, who distributed them to the lucky recipients. The Kyrle Society sang several carols during the evening, which was brought to a close about 8 p.m. Besides Mr. Howse, there were present Mr. and Mrs. Lane, Mr. and Mrs. Bowden, the residents, and many friends. The ward, lighted by lanterns, looked very pretty indeed.

LYDIA Ward on Christmas Day, was soon visited by many people to see and admire the decorations, the great feature being the wreaths looped all round the ward from the chains sustaining the bed heads. The mantelpieces were also very prettily decorated. Dinner, consisting of an excellent cut of roast beef, vegetable, &c., was served at 1, and carved by Mr. Holman, Mr. Davies-Colley's Dresser. The pudding contained, or was supposed to contain, a ring, button, and sixpenny bit. Only the ring, however, came to light, and was found by No. 18. The other things are presumably in the other half of the pudding, to be eaten on New Year's Day. There was dessert and music during the afternoon, and the niggers performed at 6.15, the dancing of the Messrs. Scott and the banjo song, "Get out," being the chief feature here. Music was kept up until 8.30, when the patients and nurses sang Christmas hymns, and the former went to bed.

ON the 28th, by invitation of Sister Lydia, many friends, children, and sisters from other wards, the residents, &c., assembled to see the Christmas tree lighted, the presents distributed, and to partake of tea, coffee, biscuits, &c. The tree was lighted at 5 p.m., and the youngsters especially were highly delighted with all that was going on. The presents distributed, several friends kindly gave songs, music, and recitation, which were kept up until between 8 and 9, every one appearing to enjoy themselves immensely. Great credit is due to Sister and her nurses and general staff for the pleasant way in which everything went off; and although no especial programme was prepared, the entertainment was quite as successful as that of any ward in the Hospital.

PHILIP WARD.—On the evening of the 29th Philip looked charming, the softened light shed by the lanterns, the harmonies of colour, and the delicate effects of light and shade, combined to produce a whole of great beauty. The concert was essentially a patients' concert, and the presence in the ward of several bad cases necessitated a careful selection of songs and recitations, so that whilst those who were well enough might be happy, yet those who were too ill to enjoy might at least not be distressed by the unwonted sounds of festivity. All the performers, with the exception of two ladies who kindly assisted, were students, and as each song was sung and recitation given, the fact that the performers were well known to the patients contributed in no small degree to the evident delight the performances gave. The programme included three recitations, two violin solos, a whistling song, several comic songs, banjo songs, and popular pieces, some of which had choruses in which the patients joined. The general verdict as to the success of the evening entirely agreed with that of a convalescent boy who had made the rounds of the concerts that "it was first rate, tip top, liked it best of any I've been to."

CLINICAL.—"Oh! Sammy, look what Father Christmas has brought," such was the shout heard at an early hour on Christmas morning, as one of the several boys in the ward pulled down the stocking he had hung up empty the previous evening and now found it crammed full of toys and good things provided by the kindness of Sister Miriam. Each adult patient also found that he or she had not been forgotten, varied and useful articles of apparel being discovered in their lockers. The wards were very pretty, a large quantity of ivy being used in the decorations, and as it was entwined around the pillars and wires, from

which were suspended the lanterns, and round the doors, it gave a very pleasing un-wardlike appearance to the place. The famous figures standing over the fireplaces were clothed in white wadding, with gold and silver dust sprinkled over, and each cot was specially distinguished with decoration in excellent taste, the beds also not being forgotten, ivy and a bunch of evergreens being skilfully arranged on the curtain rods and medicine shelves. The Christmas dinner of the patients was carved by the three clinicals who were "stopping up," and after the patients had sufficiently partaken of the Christmas fare, the Sister and nursing staff, with the three Clinicals, dined in the Clinical's room. In the afternoon the great event was the visit of the nigger troupe, whose performance was much appreciated, the only regret of the patients being that it was so short; after they had left, coffee, cakes, buns, &c., were partaken of by the patients and visitors, and in the evening a plentiful dessert was demolished. The Treasurer and Superintendent and various members of the Staff paid a visit to the wards in the afternoon.

THE ENTERTAINMENT

On December 27th consisted of a children's tea party, followed by a magic lantern entertainment, many beautiful photographs by Mr. Golding Bird being shown, together with comic slides and two children's stories, lent by Stanley, of London Bridge. This entertainment is well described in the lines which follow:—

In Miriam on Thursday night,
You might have seen a pleasant sight,
For there in festival
Were gathered all the children round,
Who convalescent could be found,
Within Guy's Hospital.

The tables spread across the ward,
With every kind of dainty stored,
To please the youthful guest.
Accommodation most, while round
On beds, or else upon the ground,
Were laid the rest.

For Thomas, Croft, and double Bryant,
Are not exactly very pliant,
And render trying
Each other more upright position,
Than that which is their chief condition,
A state of lying.

It was at first our fond intention,
In this brief narrative, to mention
The guests who came:
But fogs are frequent in December,
And now we hardly can remember,
A single name.

So with no wish to make disparity,
Let us describe how Tommy Charity,
Philippine Freddy,
And little Steve from Accident
With every other one who went
For tea were ready.

Then when their hunger had abated,
And every appetite was sated,
A lantern 'magic,'
Unfolds before their raptured gaze
A series of superb displays;
Comic and tragic.

Bluebeard and Cinderella rise
Upon the screen, and realize
Their erst existence;
While modern photographic art,
Provides a life-like counterpart
Of form and distance.

Flowers, birds, and beasts and landscapes lend
An interest which has no end;
And canine actors
Show intellect so recondite
As really ought to silence quite,
Their worst detractors.

The sleeping man who catches mice,
And masticates them in a trice,
Is much applauded!
While comic clowns and monkey tricks,
Which all within the programme mix,
Are likewise lauded.

And never ending were our shame,
And infamy, did we not name,
How very cleverly!
Our Showman would each scene invest,
With trebly-doubled interest,
His name was H——.

But all things finite end at last,
So even these delights are past,
And bedwards streaming
The children went, we'll not essay
To picture all that shortly they
Were dreaming.

"FLOSSIE."

NAAMAN never looked more comfortable and cosy than on Saturday night. The decorations were all that could be desired and were much admired. The concert began at half-past six, and, although the programme was unusually long, it seemed to meet the approval both of patients and visitors. A certain melancholy air premeated the first part of the concert, but on the arival of Herschel and Hobdell the proceedings became more lively, and Dr. Price scored a great success with "The Whistling Coon." Swayne's "Duckfoot Sue" was much appreciated. The comic part of the proceedings was the most applauded, especially by the patients, but the more serious part was well supported by Messrs. Fuller, J. H. Bryant, Roper and Spurrell, and by Miss Booker, whose singing was greatly enjoyed. An interval of nearly twenty minutes separated the first from the second part, during which tea, coffee and refreshments were provided. Miss Kingdon began the second part with a "Tocatelli," which she played in admirable style. "The Scout" was well sung by Lansdown, and of Miss Booker's two songs

"Uncle John" was especially applauded. The most enjoyed of Miss Marchant's two songs seemed to be "Mirabel Lee," which was encored. Scott's song, "The Lads in Red," was very successful, and all the Guyites present joined in the chorus with much enthusiasm. "Razors in the Air" was well done by Richards, and in "Killaloo" Richards obtained a boisterous triumph, and the chorus by the audience was accompanied each time with a yell, which was well heard and enjoyed by the patients in Accident. Last and greatest of the comic songs was "The Three Little Pigs," by Bertie Whyte. He was vociferously cheered, and, as an encore, gave an imitation of sundry farm yard (or rather nasal) celebrities. Dr. Price, by special request, repeated "The Whistling Coon," but where he got the requisite pneumatic *vis a tergo* is an unsolved mystery. Some lanterns were seen to fall about this time, and people began to think that the "Coon" had something to do with it; but this is, we believe, an insinuation without foundation. Fawcett took the solo part in "Auld Lang Syne," and kept to his text with praiseworthy perseverance, amid much that was calculated to disturb and put out. The audience stood up and joined hands, while they sung the chorus, with great enthusiasm. To Hickman is largely due the success of the concert. He was a "beau ideal" announcer (or whatever they call the man who announces the songs), and his energy made the whole affair go without a hitch. We have also to record our thanks to Messrs. Cadell and Price Jones for their accompaniments.

CORNELIUS.—The ward was prettily decorated, and the patients had the usual good dinner and baccy. On Monday, 31st, Mr. Golding-Bird lent his magic lantern and slides, which were worked by Evershed and Pendlebury, while Heatherly explained matters. They were identical with those shewn in Clinical. The entertainment seemed much appreciated.

LAZARUS.—The decorations consisted of numbers of bright coloured Chinese lanterns, many being representations of figures with illuminated interiors—two owls being especially conspicuous. Round the patients' curtain poles, and windows, ivy and evergreens were prettily twined, while flags of various nationalities and otherwise, hung in graceful folds from the gas brackets; the window sills were effectually set off by green moss; but the crowning effect was certainly the arrangement of the mantel-piece—this had a very pretty red border with ivy falling over it, flags and various ornaments, with numbers of fairy lamps arranged in festoons, giving to the whole, when lighted, a very animated appearance. The patients had their customary Christmas dinner of good old roast beef and plum pudding, with plenty of apples and oranges. In the afternoon the Minstrels cheered the inmates of the Ward considerably by their funny songs and jokes. On Thursday evening, 27th December, the annual Christmas concert took place, when a choice programme was gone through. The ball was set rolling by a Dresser, who sang all about "His Polly" in a way which was very well received; Miss Fisher followed with "Rothsay Bay," considerably delighting the audience; a violin solo by Mr. Russell was so much appreciated that an "encore" was asked for and given. The comic element was well to the front, Mr. Bertie Whyte in his "Farmyard," and song "Dinah Duck," being received with immense enthusiasm. Dr. Price and his whistling was almost, but not quite, too much for everybody. Captain Barlow thoroughly entertained the company with his banjo playing and songs; the "Blue Bells of Scotland" with variations, which he whistled and accompanied with his banjo, well merited the encore it received. Among other performers whom we would fain give fuller notice to, did not space prevent, are Miss Musgrove, Mr. Teversham with two amusing and clever recitations, and Mr. Richards with the ever popular "Killaloo," together with "Auld Lang Syne," sung by the whole company and visitors, with joined hands, brought to a close a most successful entertainment, and of which Sister Lazarus, in her indefatigable exertions to please everybody, may justly feel proud.

ACCIDENT.—This ward was one of the prettiest on Christmas Day, the lanterns and lights in the arches of the windows showing off the decorations, which were prettily arranged, to great perfection. There was not so much green about as previously, but that perhaps was an improvement. Numerous flags and banners decorated the walls, and lamps, the most noticeable being the crest over the centre fireplace. There was not so much music in the ward as in previous years, but that is accounted for by the number of bad cases in at the time. The dinner on Christmas Day was carved by one of the Senior Dressers, who had all he could do to satisfy the appetites of the convalescent ones. No one seemed the worse for the repast. On New Year's Eve there was a concert in the ward. The programme was well got up and equally well carried through. It consisted of sentimental and comic songs and recitations. Perhaps the best of these were two duets sung by ladies, which were vociferously encored. The patients and visitors all seemed thoroughly pleased with their entertainment, and were none the worse for the noise. On New Year's Day the patients were allowed the luxury of the pipe, as also on Christmas Day.

JOB WARD.—This ward was tastily decorated; numerous arches of evergreens were erected across the ward which helped to lend to its splendour. Here all patients seemed to thoroughly enjoy their "inning." None were the worse for their plum pudding nor "bacca." The concert was unavoidably postponed owing to some very bad cases, and an impromptu one was got up on New Year's Eve. The programme was made up mostly by Students, who gave great satisfaction to the patients, who several times encored the performers. When the festivities were over, several said they wished Christmas were coming again, as they had never had such a good time before.

MARTHA WARD.—The Annual Christmas Tree took place on the 25th. There was a very big tree, reaching to the ceiling, loaded with presents for the children, with

which they all went away satisfied. Mr. and Mrs. Durham, with all their family; Mr. and Mrs. Davies Colley, with their family; Mr. Symonds, and others were present. The nigger minstrels came in about the middle, and added to the amusement of those assembled.

LUKE.—Luke ward was, as usual, prettily decorated, Epsom salt snow forming a very effective feature. On the evening of Christmas Day there was the usual "Luke Romp" to amuse the boys, who always form a large percentage of the patients in this ward. A game of Blind Man's Buff, interspersed with songs, was thoroughly enjoyed. On the evening of New Year's Day a capital concert was given. It opened with Von Suppe's "Toy Symphony," wherein Mr. Jim Randell excelled himself with the tambourine, and comprised an excellent programme, to which Miss Stewart Wood, Miss Cole, Miss Randell, and much local talent contributed. The evening closed with "Auld Lang Syne," sung with an energy that ran the midnight serenade round Guy's statue on New Year's Eve very close.

"THE WANDERING DERVISHES."

These Nomads made their perennial appearance on Christmas-day in the Wards; they comprised—Centre and Leader, Dr. Price; Banjos, Messrs. Atkin, Alexander, Crook and Richards; Bones, Mr. W. C. Swayne; Tambourine, Mr. A. E. Durham; Chorus, Messrs. Campbell, Heatherley, Holman, Lansdown, Moss, Ralph, H. and W. J. Scott.

The general opinion was that this was the best troupe that has as yet appeared. An entirely new feature was the epigastrium-stirring and ear-splitting performance of Dr. Price on the buccal siren, which would have made even an hypochondriac merry; while the dancing of the twins, "Theophilus" and "Adolphus" (Scott), brought down the house in every sense of the word. We indeed understand that the architect has had to inspect the foundations.*

We think the manager deserves great credit for the excellent way in which the entrances and exits were arranged. "The Park Crescent" and "Whistling Coon" marches, as performed by the banjoists, and the "Farewell" chorus, the words of which, we understand, have been adapted by a medical student to a well-known tune, leaving nothing to be desired. The solos and duets presented a far greater variety than usual. The following gentlemen obliged :—

Mr. Alexander	"Little Log Cabin."
Mr. Atkin	"Nellie Green" and "Swanee River."
Messrs. Crook and Richards	"Razors in the Air."
Mr. Crook	"Get Out!"
Mr. N. L. Richards	"Camp Town Races."
Mr. W. C. Swayne	"Duck-foot Sue" and "Farewell."
Messrs. Durham & Swayne	"The Geese."
Mr. W. J. Scott	"Nellie Gray."
Mr. Lansdown	"Poor Old Joe."
Mr. Scott	Revised and extended version of "Uncle Ned."
Brothers Scott	Dances.

The tapping of the beer from the XXX was one of the features of this entertainment, though it nearly resulted in one of the *xcellent* performers being carried off on his *bier* by the *Porter*. *Butt* we are glad to be able to state that he is now *'ale* and *stout* again, though *bitter* when reminded of it.

The impenetrable disguise of most of the performers gave rise to endless speculation, whilst the personality of some was as clear as porridge. The most worthy of mention are the hoary-headed doctor, who had, apparently, accidentally run his eye up against a white-washed wall on the previous evening, through which milky patch his glazed optic glared like the angry blush of a kyphotic curve through the aperture in a plaster jacket; Mr. Moss, in his personification of a full-blooded South Carolina Sambo; and Mr. Durham, in his coat of rainbow hue.

* A later report says the main drain had to taken up the next day, and carefully relaid.

THE SURGEON.

A very interesting volume was lately issued by the Early English Text Society, bearing the title—

"A breefe Treatise of the Anatomie of mans body: compyled by me Thomas Vycarie Esquire, and Sargeant Chirurgion to king Henry the eyght, for the use and commoditie of al Vnlearned Practicioners in Chirurgerie.'

Published in 1548, it forms the first English work on the subject, and is very modestly dedicated to those Surgeons who have not studied Galen. The forewords deal very fully with the meaning of Surgery, and the necessary qualifications of those who intend to practise it, as will be seen from the following extracts.

Having related what thing Chirurgerie is, he goes on to show that "there must also be chosen a man apt and mete to minister Surgerie, or to be a Chirurgion. And in this poynt al Authors doo agree, that a Chirurgion should be chosen by his complexion, and that his complexion be very temperate, and al his members wel proportioned. For Rasis sayth, Whose face is not seemely, it is vnpossible for him to haue good manners. And furthermore they say, he that is of an euill complexion, there must needes folowe like conditions. Wherefore it agreeth that a Chirurgion must be both of a good and temperate complexion, as is afore rehearsed. And principally, that he be a good lyuer, and a keeper of the holy commaundements of God, of whom commeth al cunning and grace, and that his body be not quaking, and his hands stedfast, his fingers long and smal, and not trembling; and that his left hand be as ready as his right hande, with al his lymmes able to fulfil the good workes of the soule. Nowe here is a man meete to be made a Chirurgion. And thoughe he haue al these good qualities before rehearsed,

yet is he no good Chirurgion, but a man very fitte and meete therfore. Now then, to knowe what properties and conditions this man must haue before he be a perfect Chirurgion. And I doo note foure thinges moste specially that euery Chirurgion ought for to haue: The first, that he be learned; the seconde, that he be expert; the thirde, that he be ingenious; the fourth, that he be wel manered. Likewise a Chirurgion must take heede that he deceiue no man with his vague promises, for to make of a smal matter a great, because he woulde be counted the more famous. Likewise they shal geue no counsayle except they be asked, and then say their aduise by good deliberation; and that they be wel aduised afore they speake, chefly in the presence of wise men. They shal neuer discomfort their pacient, and shall commaunde al that be about him that they doo the same; but to his friendes, speake truthe, as the case standeth. They may not chide with the sicke, but be alwayes pleasaunt and mery. They shal not, for couetousness of money, take in hande those cures that be vncurable, nor neuer set any certaine day of the sickemans health, for it lyeth not in their power. Likewise, that they despise no other Chirurgion without a great cause; for it is meete that one Chirurgion should loue another. And in thus dooing, they shal increase both in virtue and cunning, and worldly fame." Amen!

A few biographical details may be added. Born about 1500, Thomas Vicary enjoyed a moderate practise at Maidstone, but had not received the ordinary training of a Surgeon. He, however, devoted himself to the study of Anatomy, and became a member of the Barber Surgeons' Company, of which he was ultimately appointed the Master, and held the position for many years. As Chief Surgeon to Henry VIII. he was paid £26 13s. 4d. a year, and he continued thus at the head of his profession during the reigns of Edward VI., Mary, and Elizabeth, till his death in 1562. Is he not rightly styled the "Paget of the Tudors"?

NAPHTHALIN AND CALOMEL IN TYPHOID FEVER.

There has been a large amount of clinical evidence tending to show that calomel and naphthalin are efficient drugs in typhoid fever, lessening its severity and even at times aborting it. Dr. Fürbringer has been investigating this question both clinically and from a bacteriological standpoint, with results somewhat disappointing to hopeful therapeutists. Naphthalin was first tried in one hundred consecutive cases of typhoid fever. It was given in doses of 3 to 5 grammes daily, according to the Rossbach-Götze formula. Mild baths were also employed, but no other special remedies. Dr. Fürbringer concludes that the drug had no influence in shortening or aborting the disease, or in preventing complications or relapse. Still more positive were his bacteriological studies. He found that the fæces of patients not taking naphthalin contained 112,000 micro-organisms per milligramme, while during the use of naphthalin the number was only reduced to 90,000. Furthermore, the naphthalin did not kill the typhoid bacilli, and these could be cultivated from the stools without any difficulty. Calomel given in good doses at the beginning of the disease had a striking action upon the temperature, lowering it for some time. Fürbringer seems to think that this result does not occur in other fevers, and infers that it is in a measure specific action. There is, however, plenty of evidence to show that calomel does act similarly in other febrile diseases such, for example, as pneumonia. In the calomel stool the number of micro-organisms is about three-fourths that in the ordinary stools, or 81,000 per milligramme. The typhoid bacilli are not killed, and such action as calomel possesses cannot be due, therefore, to any anti-parasitic process. Fürbringer thinks that the drug does possess a certain amount of specific action, but that, practically, the calomel treatment of typhoid fever does not materially influence the course or mortality of the disease.—*New York Medical Record.*

IT was not his fault that he looked young. He had been giving medical evidence in an Employers' Liability case which involved injury to a foot. Defendant's Counsel, as usual, had crammed up some anatomy and thought to discredit the youthful-looking expert. "You are familiar with the anatomy of the foot, sir? Will you kindly inform the Court what separates the Os Calcis from the Metacarpals." Witness thought this rather a large order; but, after staring at his questioner for a minute he commenced bravely. He had described everything he could think of in the leg, was pegging away manfully at the trunk, and fully intended going down the arm, when the Judge waxed giddy and held up his hand deprecatingly. The expert was justified in his knowledge, and Counsel got no chance of explaining that he meant to say Metatarsals. This, or something very like it, really happened recently to a verdant-looking but able H.S. at one of the London Hospitals.

MEDICAL PRACTICE.—WANTED, by a Fully-Qualified Guy's man, aged 29, single, a PARTNERSHIP; or is willing to Purchase the whole of a good class Practice within 20 miles of London.—Address, L. M., care of Mr. Wells, Guy's Hospital.

M.B. (Lond.), who has held Senior Appointments at Guy's, wishes for an ASSISTANTSHIP, by which he could work into a PARTNERSHIP. Has served a two years' pupilage in a General Practice. South preferred.—Address N., Medical Office, Guy's Hospital.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Guy's Hospital Gazette,
JANUARY 19, 1889.

CLINICAL LECTURE.

Dr. F. Taylor lectured on Jan. 5th on "Tubercular Peritonitis," referring to the following case which had been in John Ward :—

C. E., æt. 18, admitted Dec. 21st, 1888, with a previous history of always having been delicate, and when 12 years old was in University College Hospital with something the matter with his left leg. The history of the illness for which he was admitted is that seven months ago he was suffering with pain in the right side about the lower ribs. This pain was so severe that it prevented him working, and he "laid up" and was treated. His abdomen swelled slightly, the swelling being more prominent just to the right of the umbilicus. His bowels were confined, necessitating medicine to open them. He gradually improved and was able to get about, and returned to work, but not for long, as his abdomen commenced again to swell, and became more tender and painful. He began to lose flesh and was unable to take his food; this was three months ago. He again ceased work and went to a Cottage Hospital, from whence he came to Guy's. His abdomen for the last month has got harder and more tense, and he has had some difficulty in micturition, and for a week has had a short hacking cough.

On admission patient is much emaciated, bones being prominent everywhere, cheeks flushed, eyes bright and sunken, fingers not clubbed, old cicatrix on outer side of left leg just above ankle, chest lengthened from above downwards, epigastric angle narrow, breathing almost entirely thoracic, harsh breath sounds at both apices, good note on percussion, no adventitious sounds, dull note at both bases, abdomen hard, tense and painful, round umbilicus for 3 in. to right and 1 in. to left is an area of dulness on both heavy and light percussion. This is surrounded by an area of dulness on light percussion extending almost to the flanks, which are resonant. Close to the umbilicus on the right side is a small swelling about the size of a walnut, which is very hard and painful; on palpation nothing can be felt. Epididymes not enlarged. T. 102, R. 25, P. 100.

Four days after admission diarrhœa came on, and the temperature fell. On 27th more pain and anorexia; on 29th, left leg swelled and painful, cutaneous veins dilated, not much œdema. On the next day leg more painful, especially thigh and hip, vomited after anything taken by the mouth, left superficial circumflex iliac veins dilated, temp. subnormal for last three days. Patient gradually got worse, finally having incontinence of urine and fæces, and died on January 3rd.

Autopsy.—On opening abdomen the visceral and parietal layers of the peritoneum were united everywhere by small bands of lymph, whole peritoneum dark, all the abdominal organs matted together into an almost inseparable mass. Between the coils of intestine were collections of purulent lymph, small tuberculous nodules over whole peritoneal surface varying in size from a pin's head to a pea, many being caseous; no effusion, some recent lymph. On parietal pleura in second left intercostal space near the sternum two small caseous nodules, one small nodule exactly opposite on the visceral layer. At the apex of the right lung two small caseous masses, each surrounded by miliary tubercles, lower part of upper lobe crowded with miliary tubercles, and at lowest and most posterior part several small caseous masses. Grey miliary tubercles in left upper lobe diffuse, but much fewer than on right side. Liver adherent to under surface of diaphragm, on under surface of which were several caseous deposits; capsule of spleen also adherent to diaphragm. No tubercles found in liver, spleen, supra-renals, kidneys or

testes. Mesenteric glands large, white, firm and caseous. A channelised thrombosis found in internal and external iliac veins of left side.

At the seat of the old cicatrix over outer side of lower end of left fibula, the bone was removed and found to be thickened, and appeared larger than the lower end of tibia; in the thickened part was one small caseous deposit.

Dr. Taylor said tubercular peritonitis can be rightly diagonised, but it has often to be made on insufficient basis. The points that strike one on reading over the history of this case are:

1. Grave illness of many months standing.
2. Pain in the side and abdomen.
3. Something to be felt in the abdomen, with dulness over the area where it was felt.

Frequent examination of the abdomen is necessary to ascertain the presence of tumours caused by caseous masses, but there is not necessarily any tumour to be felt in tubercular peritonitis, and tumours are always more obscure in the abdomen than elsewhere on account of the presence of the visceral organs.

Tubercular peritonitis commences by the deposit of tubercular masses in the parietal peritoneum, especially in the neighbourhood of the diaphragm, accompanied with ascites, and inflammatory changes in other organs and parts, *e.g.*, caseous glands, mesentery omentum, etc., in consequence of which the intestines become matted together, so that movement is hampered. There is a tendency for the coils to communicate with one another by perforating the one into the other. The diagnosis hinges on the matting together of the intestines, or on the presence of ascites. The matting together is caused either by fibrinous exudation or caseous or tubercular deposits.

In tubercular peritonitis there is often to be felt a band lying across the upper part of the abdomen, crossing the tranverse colon; another one also around the obliterated hypogastric arteries or urachus, extending from the upper border of the pubes to the umbilicus. These are caused by tubercular deposits, the same appearance, however, may be present in malignant peritonitis.

The abdomen in tubercular peritonitis is full, and has a "doughy feel." The back part of the abdomen cannot be reached as in health, sometimes the abdominal wall is prominent, at times the sense of resistance is irregularly distributed and associated with dulness, this occurs more frequently in the lower than in the upper part of the abdomen. There is a tendency to inflammatory changes in the skin, chiefly around the umbilicus, supposed to be due to extension of the inflammation through the abdominal wall from the subjacent anterior parietal peritoneum. Swelling of feet, ankles, scrotum, penis, &c., occurs from pressure on the veins by caseous glands. Some children show ædema of the legs as the first symptom, c.f., case under Dr. Taylor in the Evelina Hospital, in which are also tubercular deposits in the epididymes. There is a tendency to tubercular deposits in genital organs, e.g., ovaries in women, vesiculæ seminales, epididymes and testes in the male. Lungs are often affected, especially in children, though physical signs of pulmonary tubercle are often absent, and in children phthisis is rarely diagnosed in conjunction with tubercular peritonitis.

Clinically two groups of tuberculosis apart from phthisis are recognised:

1. In which tuberculosis is the chief feature accompanied with fever and other signs.
2. General tuberculosis, starting from some centre other than the lungs, and giving no signs.

In older people, hepatic disease and malignant peritonitis must be thought of, there is not the same amount of fever in either case that there is in tubercle, and in malignant peritonitis definite lumps are to be felt.

The term "Consumption of Bowels," often used by mothers as Hospital out-patients, is

taken to mean one of three things:—

1. Vomiting, diarrhœa and flatulence, purely functional, due to feeding.

2. True tabes mesenterica, chiefly caseous degeneration of mesenteric glands without tubercular peritonitis.

3. Tubercular peritonitis.

The prognosis is not absolutely bad, for many get well. A good deal of excitement has lately been caused by the question of surgical interference. It was first started by Sir Spencer Wells, who operated in a case which turned out to be ascites, due to tubercular peritonitis, tubercular grains being seen on the peritoneum, the abdomen was drained, and the patient afterwards recovered. Many cases have since been operated on with success for the time being. Whether the tubercular growth is hindered by the removal of the fluid is not clear, perhaps the fluid serves as nutriment for the tubercle bacilli. Mr. Lawford Knaggs hints that the tubercle bacillus may form some poison in the fluid, and when the latter is removed by the operation the former is also removed. This method of treatment is not applicable when matting together of the intestines is present; many patients get well or improve without surgical interference.

Treatment other than Surgical.—Local applications of mercurials, which may be applied for weeks and months together, and tonics. The mercurial application is a more hopeful treatment when there is no fluid; if fluid is present it would doubtless be best to remove the excess of fluid, and then apply mercurials. It is well to note as to the theory of action of mercurials that hydrargyri perchloridum is a powerful antiseptic, animals saturated with it are incapable of inoculation with anthrax bacillus, but patients are different, as the dose must be comparatively very small.

The case referred to in the Evelina has had $\frac{1}{20}$ gr. hydrargyri perchloridi injected into the muscles without any marked effect.

Physical Society.

Seventh Meeting of the Physical Society, January 5th, 1889, H. E. Crook, M.B., B.S., in the Chair.

Mr. KITCHING read a Paper on

COMPENSATORY MECHANISMS IN HEALTH AND DISEASE.

"Compensatory" is here used broadly, and signifies "adaptability"—"a power to vary," as circumstances and surroundings require. We see "compensation" everywhere in the world—for example, the protective colouring of birds. In the human body we see many changes and contrivances which are brought about gradually by a process of adaptation to change of function and surrounding. For example, the many changes which take place in order that the upright posture may be the normal one, such as the hypertrophy of the calf and buttock muscles.

The weak points of the body are generally protected—for example, the obliquity of the inguinal canal strengthens an otherwise fatally weak part of the abdomen. Hypertrophy and atrophy are frequently compensatory—the more work a muscle has to do the stronger it becomes to do it.

The whole working of the vascular system illustrates the "compensatory" nature of changes in the body; blood is sent in largest quantities to the parts most in need of it. And again, notice the "depressor" mechanism of the heart, and the anastomoses of the arteries all over the body, and the circle of Willis which equalizes the cerebral circulation. The adaption of the body to childbearing shows many compensating changes; the enlarged pelvis, thoracic breathing, hypertrophied heart, and many others. Then notice the structure of the fœtal head to make up for the squeezing it gets.

The fact that the Esquimaux and the Arab have practically the same temperature, proves that the so-called "heat centre" can by some means compensate the extreme cold in the one case, and the heat in the other.

The correlation of movements is compensatory; for instance, the instinctive movements of the elbow in using a cork screw, to make up for the want of power by the hand to rotate except through a large arc.

One organ being diseased, another takes on its work—for example, the tilting of the pelvis and the "lordosis" in spine disease. The breathing in peritonitis or fracture of the spine, one kidney will hypertrophy if its fellow is functionless or excised. We all know how the blind and maimed manage to so sharpen their other senses as to make up in some degree this want of the lost function.

In the case of heart disease, we have very complete and complex compensatory changes. We have three main factors, (1) hypertrophy, (2) dilatation, (3) changes in the cardiac rhythm; and, by the blending of those

three in varying degrees, we may have the requirements of the body attended to, with a defect in the mechanism which, if not compensated, would soon bring the circulation to a standstill.

In the brain we see compensatory measures carried out. For example, aphasia in children seldom persists, for if the posterior end in the 3rd left frontal convolution be destroyed, the right takes on its duties, and in the motor side we have the phenomena which Broadbent's theory of "commisural fibres" was intended to explain. The value of correctly estimating the compensatory powers of a patient in disease is obviously of the utmost importance in prognosis.

Mr. GILL congratulated Mr. Kitching on the interest of his Paper. He was unable to agree with him in several points. He did not think the heart atrophied in phthisis, but that it became hypertrophied in consequence of the difficulty it experienced in driving blood through the diseased lungs.

Mr. GIRLING discussed the relative frequency of accidents and diseases in the two sexes. He believed the mortality consequent on the liability to injury of the male sex is more than compensated for by the frequency of disease of the female organs of generation.

Mr. LACEY related a case of what was apparently hypertrophy of one Testis consequent upon atrophy of its fellow.

Mr. WEBBER throught the fœtal skull a most remarkable instance of compensating mechanism, and he described the advantages its arrangement presents.

A vote of thanks to the Reader of the Paper ended the meeting.

ALGIERS.

Having visited during successive winters the Riviera, Italy, and Algiers, I had intended making a few remarks on these Mediterranean health resorts, not with any idea of pointing out their relative value as such, but rather to briefly describe their general character and chief obiects of interest. In recommending a foreign winter residence to a patient two points chiefly have to be considered, first, the suitability of the climate to his complaint, and secondly, whether it be in keeping with his tastes. To the lover of nature, Mentone, or San Remo, will furnish, without doubt, much that he desires; to the admirer of art or of archæology, Florence, Rome or Naples would be more suited.

In Rome and Florence we met visitors who had stayed in those places as long as three months, yet their interest in their surroundings was such that one would imagine they had only just arrived. The chief subjects of conversation daily at dinner were the various objects of art and antiquity, one communicating to another some fresh piece of information concerning some work that both had looked at several times over. As before mentioned, I had intended to write briefly on the Riviera, Italy and Algiers, but have thought it advisable to confine my remarks to the place the least known and at the same time the most fresh in my memory—Algiers.

I must confess that the first impression received of Algiers was one of disappointment. I had pictured an oriental town lying amongst the surroundings of a Riviera. On the morning of our arrival the atmosphere was misty, Algiers and the hills immediately around only could be seen, the distant Djurjura and lesser atlas being quite hidden. Instead of my oriental town, flanking the harbour was a long arcade of houses of Paris-like aspect, while behind it, at first nothing was seen but the tops of European buildings, it was only after looking for some minutes that I noticed the compact mass of white moorish houses gathered on the side of the hill on the north-west of the town. One had not expected to find the best quarter reduced to such a small compass. As to the hills around I was disappointed in them; also instead of the fine grey rocks of the Riviera were rounded hills of reddish soil. These hills are covered chiefly with vineyards, the scanty foliage of which is not nearly sufficient to hide the soil, so that they present a barren rather than a verdant appearance. On landing, however, this feeling of disappointment was rapidly dispelled, the variety of costumes being quite bewildering; in the heart of the town one sees the handsomely dressed Jew, the elegant Moor, the stately Arab chatting or lazily sauntering along the streets, while striding through them, evidently bent on business, walks the Mozabites. The dress of the last is peculiar: a sleeveless thick woollen shirt, striped red and blue, and ornamented, with smaller patterns of white, red and yellow, reaches slightly below the knees. On their heads they wear the hood and camels-hair cord of the Arabs, but their arms and legs are bare.

They are inhabitants of the dessert, living in a rocky oasis, where they have five large strongly walled towns, around which they maintain the land in a high state of cultivation, digging deep wells from which they supply their fields with water by a perfect system of irrigation Around one town their are as many as 88,000 palms, 25 species of which tree are cultivated.

The women, the weavers of the above-mentioned curious dress, are the manufacturers of the community, about £30,000 worth of woollen goods being sold annually in the Mozabite markets to surrounding tribes.

In spite of their excellent system of cultivation, the land is found to be inadequate to the support of the whole population; about one-third, therefore, emigrates to the sea-coast towns, where they carry on the trades of butchers and greengrocers; having made a certain amount of money they return home, buy a wife, and spend the rest of their days in comparative idleness.

(To be continued).

NOTICE.

The Index for 1888 is published with this number, on a separate sheet. Subscribers who wish to have their GAZETTES for 1888 bound in one volume, should leave the numbers, with the index, with the Librarian, without delay. The cost of the binding in the Hospital colours is, as our readers are no doubt aware, one shilling and sixpence.

THE ENTERTAINMENTS TO THE NURSING STAFF.

BY ONE OF THE CROWD.

After the termination of the festivities in the wards given to the patients, nothing could have been more appropriate than the series of entertainments given to the Nursing Staff of Guy's. Everybody will agree that the work of the Nursing Staff is not "all honey"; that they have many arduous and unpleasant duties to perform, which they do with characteristic zeal and self-devotion.

Only those who are acquainted with the inner working of hospital life are aware of the anxiety and cares which fall to the lot of those who are responsible for the efficient nursing of the patients.

It was, then, with a knowledge of these facts, and with a due appreciation of the kindness of the Nursing Staff in making the patients under their respective charges as forgetful as possible of their various ailments during Christmastide, that the Treasurer and Residents of Guy's were prompted to give expression to their appreciation of the work done by the nurses. This took the form of a series of three entertainments in the Court Room of Guy's. The first was on Friday, January 4th, and was given by the Treasurer and Mrs. Lushington. It was divided into two parts, so that the entire Nursing Staff might be present. The chief feature of the entertainment was the performance of Mdlle. Fipemara and Signor Ionini in their remarkable experiments in clairvoyancy. In the unavoidable absence of Mr. and Mrs. Lushington, Mr. and Mrs. Durham received the visitors and nurses, and after partaking of tea and coffee, a move was made to the Court Room. The entertainment commenced with a trio by Mr. Parkin (piano), Mr. Robertson (violin), and Mr. Fuller (viola). Miss Grace Woodward then sang, in her usual splendid form, "Angus Macdonald," and was followed by Mr. E. P. Tindall with the "Bedouin Love Song," which he sang in that clear bass voice which has made him such an acquisition in the wards during the late concert season. Then came Mdlle. Fipemara and Signor Ionini, who simply astonished everybody with the accuracy with which the lady, although blindfolded, described objects borrowed from the audience, after being mesmerised by the Professor. Even the time by a watch and the number of a bank-note were told with astounding accuracy.

After this Mr. Daniell played an overture on the piano, and was followed by Mr. Bertie Whyte, who sang "Just so" in his inimitable style, and, for an encore, "The Little Pigs." Dr. S. R. Alexander then recited "The Raven," and Miss Woodward sang that pretty and funny song, "The Masquerade." She was followed by Mr. W. J. Scott with "Vanity," and the entertainment was brought to a close by the rendering of "God save the Queen," and by giving three cheers for Mr. and Mrs. Lushington and Mr. and Mrs. Durham.

Successful as the first entertainment was, it was but a prelude to the entertainments given by the Residents, Past and Present, on Wednesday and Thursday, January 9th and 10th. This arrangement was necessary, so as to enable all the nurses to be present, since this could not be satisfactorily accomplished in one evening. Those who have been present at similar entertainments for many years past unanimously expressed their opinion that this year they were far and away better than any previously given. The probationer-nurses, and sisters were present on the first evening, and the full nurses and lady pupils on the second evening. There were a good many visitors on each occasion, but more on the Thursday evening. Amongst them were a large number of the Medical and Surgical Staff of the Hospital, and the Lady Superintendent of the Evelina Hospital.

The programme was divided into two parts, the first consisting of instrumental and vocal music, differing each evening, whilst the second part consisted of selections from the "Seance Magique" of Mr. Charles Bertram, the renowned prestidigitateur from the Egyptian Hall.

How well everybody was kept entertained was proved by the rapidity with which the time seemed to slip by. Tea and coffee were handed round in the interval between the two parts in the room adjoining the Court Room on Wednesday evening, and during this time Messrs. R. Herschell and A. Hobdell kept the ball rolling by playing selections on the banjo and piano, and singing. These two gentlemen were very clever and versatile, and added greatly to the enjoyment of the evening.

On Wednesday evening the entertainment commenced by Mr. Parkin playing an overture; this was followed by Mr. H. K. Roper singing "Farewell! If ever, fondest prayer" in his usual clear and pleasant manner. Then Mr. Tebb played a very pretty violin solo, accompanied by Miss Tebb. Mr. Cowlard, to whom we are indebted for obtaining the invaluable assistance of Mr. Bertram, and for many other kind acts, sang "I'll sing thee songs of Araby," which was much appreciated. Mr. Bertie Whyte, who has become such a favourite this year in all the wards, sang "Only One," and, for an encore, "Dinah Duck."

Dr. Alexander then recited "The Green Old Man" in that pleasant and easy style, which shows how much at home he is when giving a recitation. Mr. Atkin followed with that comical banjo song, "Stick a plaister on my chest," and Mr. Scott brought the first part of the programme to a close with his admirable rendering of "The Vagabond."

Everybody was disappointed at not hearing Dr. Price, our late very popular House Surgeon, sing the "Whistling Coon," as announced. His whistling is so clear and loud, that, without any exaggeration whatever, it can be heard half-a-mile away. Many will remember hearing his whistling songs in the wards.

The interval was taken up, as mentioned above, by selections given by Messrs. Herschell and Hobdell.

Then came the great attraction of the evening—Mr, Charles Bertram—than whom there never was a cleverer man at conjuring. Although the room contained many shrewd and observant people, his tricks were so wonderfully wonderful, that everybody re-echoed his words when he said, in his gay and easy manner, "Isn't it marvellous?" So well were the tricks done, and so pleasantly did he talk, that all were sorry when he had finished. The three-quarters of an hour's entertainment that he gave us seemed only to last five minutes, so greatly did he engage our attention.

On Thursday evening, most of the gentlemen who assisted on the previous evening again coming forward, Mr. Bertie Whyte and Dr. Alexander were both encored for their songs and recitations respectively, Mr. Whyte giving "Giles Scroggins" and "The Little Pigs," and Dr. Alexander "The Demon Ship" and "The Browns of Walham Green." Mr. Clement Lucas gave an admirable rendering of "The Steeplechase," and, for an encore, another poem by the same author. Another acquisition was the glee, sung in splendid style by the "Mandolin Players."

Mr. Charles Bertram was even more marvellous than on the preceding night. The card and ribbon trick made it appear as though he were "St. Nicholas" himself; it was simply marvellous.

The evident enjoyment of all gave much gratification to the Residents, for they wished to make it a grand success, and their earnest wish is, that at each succeeding new year, their successors will give an entertainment to the Nursing Staff to show them how much they appreciate their laborious duties in the wards.

GUY'S HOSPITAL LONDON UNIVERSITY CLUB.

NOTICE.

A General Meeting, relating to the above Club, will be held in the Governors' Court Room, by kind permission of the Treasurer, on Wednesday, the 30th instant, at 2.30 p.m. The Chair will be taken by Dr. Pavy, F.R.S., President of the Club.

Business to be considered:—To receive and discuss the Report of the Provisional Committee.

N.B.—*All* Guy's London University men are requested to attend.

THE FINAL M.B. EXAMINATION AT THE LONDON UNIVERSITY.

The following letter has been received by the Dean of the Medical School:—

UNIVERSITY OF LONDON,
BURLINGTON GARDENS, W.,
January 7th, 1889.

DEAR SIR—I beg leave to inform you that the Senate have resolved to hold the M.B. Examination, for the future, twice in each year; once for Pass and Honours, commencing, as heretofore, on the last Monday in October, and once for a *Pass only*, commencing on the first Monday in May.

In order to meet what it is understood are the wishes of a considerable number of Candidates, the matter has been pushed forward, so that the first Examination under the new arrangement will be held next May, commencing on Monday, the 6th.

I shall be obliged if you will give as much publicity as possible to this announcement.

I am, Dear Sir, yours faithfully,
ARTHUR MILMAN, REGISTRAR.

To the Dean of the Medical School.

ASTLEY COOPER PRIZE.

The next Triennial Prize of Three Hundred Pounds, under the Will of the late Sir Astley P. Cooper, Bart., will be awarded to the author of the best Essay or Treatise on "THE INFLUENCE OF MICRO-ORGANISMS IN INFLAMMATION."

The conditions annexed by the Testator are, "That the Essays or Treatises to be written for such Prize shall contain original experiments and observations, which shall not have been previously published; *and that each Essay or Treatise shall* (as far as the subject shall admit of) *be illustrated by preparations and by drawings*, which preparations and drawings shall be added to the Museum of Guy's Hospital, and shall together with the Work itself and the sole and exclusive interest therein and the copyright thereof, become henceforth the property of that Institution, and shall be relinquished and transferred by the successful candidate."

And it is expressly declared in the Will "that no Physician, or Surgeon, or other officer for the time being, of Guy's Hospital or of St. Thomas's Hospital, in the Borough of Southwark, nor any person related by blood or affinity to any such Physician or Surgeon, for the time being, or to any other officer for the time being in either of the said Hospitals shall at any time receive or be entitled to claim the Prize." But, with the exceptions here referred to, this Prize is open for competition to the whole world.*

Candidates are informed that their Essays, either written in the English language, or if in a foreign language, accompanied by an English translation, must be sent to Guy's Hospital on or before January 1st, 1892, addressed to the Physicians and Surgeons of Guy's Hospital.

Each Essay or Treatise must be distinguished by a motto, and accompanied by a sealed envelope containing the name and address of the writer. None of the envelopes will be opened except that which accompanies the successful Treatise. The unsuccessful Essays or Treatises, with the illustrative preparations or drawings, will remain at the Museum of Guy's Hospital until claimed by the respective writers or their agents.

* The Prize cannot be awarded to any Essay which is the joint production of two or more authors.

Passim.

A FEW days ago a stranger walked into the Counting House, and asked Mr. Williams for a few particulars about the Hospital. These being given, the visitor requested a pen, and thereupon made out a cheque for £1000 for the use of the Hospital.

WE are pleased to be able to inform our Readers that subscriptions for this year's GAZETTE have come in very well during the past week. We hope that all who have not yet subscribed, will do so as soon as possible, as it is most essential that we have a clear knowledge as to the condition of the Financial position of the GAZETTE.

THE Sketch and Plan of the new College has, we are glad to state, met with approbation by every one. On all sides we hear remarks of great satisfaction at the handsome appearance of the College, and also at the forethought and care which has been taken to render the internal arrangements homelike and comfortable.

IN another column will be found an account of the Entertainments to the Nursing Staff of the Hospital. Suffice it to say here, that better ones have never been given in the Hospital, and that their management reflects credit on all concerned. They have been most thoroughly enjoyed by all who witnessed them.

WE understand that the establishment of a Bacteriological Department at Guy's has been decided upon. A portion of the new Pathological Room will be fitted up with all the requisite apparatus, and a Demonstrator of Bacteriology is to be appointed. We hope shortly to give a detailed account of everything connected with this Department.

WE wish to draw the attention of our Readers to a letter we have received relating to the question of establishing a Department of Sanitary Science at Guy's. We are sure that the School Authorities will give the matter their careful consideration in order to meet the requirements of Students wishing to take the Diploma of Public Health.

THE one change in the arrangements of the examinations for Medical Degrees at the London University, as to the advantages of which we have never heard any doubt expressed, is to come into force earlier than was expected. A summer pass examination for the degree of M.B. will be held this year for the first time, instead of waiting till 1890, as was originally announced. Those of our men who were unfortunate enough to fail in November, will be grateful to the Deans of the Medical Schools who petitioned for the Examination, and to the authorities of Burlington House for affording them this earlier opportunity of retrieving their fortunes. We cannot, however, help expressing the hope that none of the favourites for honours in November will disappoint their backers by going up for this purely pass examination. As announced in another column, this Examination will be held in May.

NOTICE is given in another column of the next General Meeting of the Guy's Hospital London University Club. We cannot too strongly urge upon all Guy's London University Men the great importance of attending this Meeting, as it is *most essential* to the future welfare of the Club that the Rules, &c., which have been drawn up with great care by the Provisional Committee, should be thoroughly discussed at the General Meeting before they become law.

WE have received this week the Twenty-first Annual Report of the Croydon General Hospital. We are sorry to notice that the cash statement, when compared with that for 1887, shows a falling off in the receipts from Annual Subscriptions, &c. This state of things should not be,

and we confidently hope that the following paragraph, which we take from the Report, will soon have the effect of rectifying this condition of things. We are pleased to notice that our old friend Mr. H. W. Drew, M.R.C.S., L.R.C.P., late House Surgeon here, is Resident Medical Officer to the Hospital.

EXTRACT from the Twenty-first Annual Report of the Croydon General Hospital :—

"As these sources of income are relied on to provide funds to meet current expenditure, the Committee do not hesitate to direct attention to the fact; and they confidently appeal to the Governors and the public generally for that additional monetary assistance which is required for the efficient carrying on of the increasing work of the Hospital."

THE January Past List of the Second Conjoint Examination, together with some of the recent Examination Papers, will be found in another column.

WE are informed that *Prizes for Dissection* have been established through the liberality of one of the Senior Members of the Staff. These prizes are sure to become popular since all who display sufficient energy and skill will find themselves on an equal footing. We hope to see a keen rivalry amongst the men in the dissecting room, for we hear that the prizes will in great measure be awarded according to the dissection of the parts during the Session. The prizes will be for those in their first as well as second and later years.

THE dissecting room since October has presented a very active appearance; there has been a very considerable increase in the number of men dissecting, and up to the present time the supply of subjects has been equal to the demand, forty-three subjects already having been dissected.

WE are requested to state, that Mr. Higgens will commence his course of Lectures on Ophthalmic Surgery on Wednesday next, the 23rd, at 3 p.m.

THE special attention of Third and Fourth Years' Students is called to the fact, that the course of Lectures on Medical Jurisprudence is now being given on Tuesdays, Thursdays, and Saturdays, at 10 a.m.

AT the last moment, before going to press, we hear that Westminster, owing to their inability to raise a team, have scratched against us in the First Round of the Rugby Cup Ties, which was to have been played on Tuesday the 29th inst.

WE are glad to notice that Surgeon-Major John Ince, M.D., is one of the three candidates for the representation of the Dartford (No. 2) Division in the Kent County Council. Dr. Ince entered Guy's in 1851, gained the Hilton Certificate for Anatomy in his first year, and afterwards filled all the Hospital Appointments open to Students. Eventually Dr. Ince entered the Indian Medical Service in 1856, taking the third place in the list, from which he retired in 1878 on a well-earned pension. He served throughout the Indian Mutiny, and received the distinguished honour of special thanks from the Commander-in-Chief, and a medal. We wish Dr. Ince every success in his candidature.

IN another column we call attention to a notice respecting the Binding of the GAZETTE.

In our next issue we hope to be able to publish a Pathological Photograph of interest to our Readers.

IT will be seen from the Students' Calendar for 1889, which is now ready, and may be obtained at the Medical Office or at the Library, that the competitions for the following prizes will take place in the month of March, viz. :— the Michael Harris, the Beaney, and the Golding-Bird prize. This year it should be noted that the Sands Cox Triennial Scholarship in Physiology will be awarded. It is competed for in June.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—In looking through the excellent article on the subject of Public Health Examinations, which appeared in the last issue of this Journal, it struck me how difficult it was for a candidate to make himself familiar with the subjects embraced by the syllabus of an examination in Sanitary Science. Books are mentioned which are to be read or referred to, all of them not only useful but necessary, and their name is *legion*. The mere reading to be done is in itself a formidable task to the uninitiated student, but the practical side of the subject is, after all, the most important and the most difficult to master.

There is a great need, felt not only in this school but in most others, of a more thorough teaching in Hygeine than a single course of lectures in the Summer Session can impart. In 1892 it will become law that every medical man who desires to hold a Government appointment, whether in the army or navy or as a Sanitary Inspector, must first obtain a diploma in Public Health. It therefore appears desirable that the candidate should be able to get the necessary instruction at the Medical School to which he belongs. In the Parkes Museum of Hygiene there are abundant opportunities for practical acquaintance with specimens and appliances bearing on the subject of Public Health, and Medical Schools in the West End can take advantage of such a collection. But here we want something which though less pretentious, shall be more accessible. A Laboratory would also be required for practical work and analysis. In our Hospital the principles of Sanitary Science could well be taught by practical as well as by theoretical methods, and outside in our neighbourhood there are sufficiently numerous evidences for demonstration of insanitary conditions.

At the present time great strides are being made in the development of Guy's Hospital Medical School; the long smouldering fire of zeal and vigour has blazed out afresh, and "Guy's," after a period of depression, is once more asserting itself and maintaining its place in the forefront of British Schools of Medicine. The present outcome of this is shown by the erection of new laboratories; we are soon to have a Dental School, and a Residential College, and we are extending our activities in all directions in favour of more comprehensive clinical teaching. Now that this period of renaissance is with us, and the tide of prosperity is flowing afresh, may we not reasonably hope that among other marks of progress the more than ever important subject of Public Health may receive due attention by our teachers?—Yours faithfully,

F. W. HALL.

ROYAL COLLEGE OF PHYSICIANS.

(Old Regulations).

MATERIA MEDICA.

R. C. Fraser W. E. Sturges-Jones

ROYAL COLLEGE OF SURGEONS.

(Old Regulations).

PHYSIOLOGY ONLY.

A. A. Grosvenor.

SECOND CONJOINT EXAMINATION.

ANATOMY.

January 4th, 1889.

1. Describe a typical dorsal vertebra, and enumerate the ligaments by which it is connected with the adjacent bones.

2. Describe the position and relations of the Submaxillary Gland, and of its duct.

3. Describe the arterial anastomoses about the knee-joint.

4. Give the origin, course, and distribution of the pudic nerve.

5. Describe the shape, position, and relations of the pancreas; and give its arterial supply.

6. Give the attachments, nerve-supply, and actions of the following muscles:—

a. Transversalis abdominis.
b. Abductor hallucis.
c. Pronator radii teres.
d. Splenius capitis.

FINAL CONJOINT EXAMINATIONS.

January 9th, 1889.

PRINCIPLES AND PRACTICE OF MEDICINE.

1. Describe the anatomical relations of the kidneys. How would you distinguish between an enlargement of the left kidney and a hypertrophied spleen?

2. What are the symptoms of an acute attack of gout in a joint? How would you treat the patient during the attack, and what directions would you give with the object of preventing recurrence?

Write your prescriptions in full.

3. Describe the characters of the radial pulse in diseases of the Mitral and aortic valves in their early and and late stages.

4. Under what circumstances is serous fluid effused into the peritoneal cavity? What points in the clinical history of the case would guide you in forming an opinion as to the cause of such effusion?

5. What are the usual causes, symptoms, and physical signs of Broncho-pneumonia in an infant? How would you treat such a case? Write in full prescriptions for an infant six months old.

6. You are called to a patient who has eaten what proves to be calabar bean. What symptoms would you expect to find, and how would you treat the case?

January 10th, 1889.

MIDWIFERY AND DISEASES OF WOMEN.

1. Describe the structure and relations of the Vagina in a healthy nulliparous woman.

2. Describe the mechanism of Parturition in a case where the occiput points forward and to the left.

3. How would you treat a case of complete placenta prævia at seven months' pregnancy, with the os uteri the size of a florin, the pains feeble, and hæmorrhage copious? Give reasons for the course you would adopt.

4. What causes may produce enlargement of the labium majus? State roughly which are the commonest, and how you would distinguish between them.

5. Give the differential diagnosis between the gravid uterus at the seventh month, an ovarian tumour and a fibroid of the same size, and ascites.

6. A woman is seized with severe hæmorrhage after getting up on the tenth day of the puerperium. On examination the uterus is found to be large and distended with blood. Write your opinion as to the nature of the case, the means you would adopt to ascertain this, and the treatment you would employ.

EXAMINATION ON SURGICAL ANATOMY AND THE PRINCIPLES AND PRACTICE OF SURGERY.

January 11th, 1889.

1. Give the relations of the tonsil, its arterial and nerve-supply. State the circumstances under which dangerous hæmorrhage from the tonsil may occur; and

2. Give the relations of the eyeball. Describe the operation of its enucleation, and mention in order the structures which are divided.

3. What accidents may occur during the application of taxis to a strangulated hernia? How would you recognize their occurrence? Having recognized it, what measures would you adopt?

4. Describe the local symptoms characterizing a lipoma, a scirrhus, and a melanotic sarcoma; and give the naked eye and the minute appearances presented by each after its removal.

5. Mention the causes of genu valgum (knock-knee); and give the treatment appropriate to its several degrees.

6. Give the diagnosis of the two common backward dislocations of the femur, and their appropriate treatment.

FIRST CONJOINT.

PART I.

CHEMISTRY AND PHYSICS.

A. F. Clarke
J. W. Culmer
C. M. Henry
S. G. Graham
E. E. S. Silver
R. L. Wason
T. H. B. Yorath.

PART II.

MATERIA MEDICA AND PHARMACY,

A. L. Allworth
A. G. Buchanan
J. W. Eastment
E. G. Evans
C. G. F. Morice
T. S. Robson
C. E. Salter
G. A. Skinner
J. O. Williams.

PART III.

ANATOMY AND PHYSIOLOGY.

*W. E. de Korte
C. M. Greenway
E. Hunt
F. A. Robinson

* Passed in Physiology only.

SECOND CONJOINT EXAMINATION.

JANUARY PASS LIST.

ANATOMY.

H. S. Archdall.
A. G. Buchanan.
W. H. Dixon.
T. S. Jackson.
E. S. Lang.
P. Lord.
T. J. Mills.
A. E. Norris.
H. K. Rayson.
A. Reeves.
W. K. Steele.
A. T. White.
H. L. E. Wilks.

PHYSIOLOGY.

A. L. Allworth.
W. Ashby.
R. Gillboard.
A. T. Jago.
E. S. Lang.
P. Lord.
G. M. Pratt.
H. K. Rayson.
E. W. Wheatcroft.
A. T. White.
H. E. Worthington.

Hospital News.

FORTHCOMING EVENTS.

Jan. 19. Meeting of Physical Society at 7.30 p.m. Mr. Gill will read a Paper on "Fractured Base."

,, 21. Preliminary Scientific and Intermediate M.B. Lond. Examinations begin.

,, 24. Applications received for House-Physiciancies and House-Surgeoncies.

RESIDENTS ON DUTY DURING JANUARY, 1889.

House-Physicians.—H. E. Crook, M.B., B.S. Lond. (Senior); G. H. Pennell, M.R.C.S., L.R.C.P.

House-Surgeons.—A. H. Tubby, M.B., B.S. Lond., F.R.C.S. (Senior); G. Black, M.R.C.S., L.S.A.

Resident Obstetrics.—E. Moss, M.B., B.S. Lond.; A. Parkin, M.B., B.S. Lond.

Dresser for the Week.—Jan. 2nd, W. J. Scott; Jan. 9th, C. M. Kitching; Jan. 16th, A. E. Norburn; Jan. 23rd, C. Price-Jones; Jan. 30th, F. S. Wood.

Ex-Dresser.—Jan. 2nd, G. H. S. Daniel; Jan. 9th, W. J. Scott; Jan. 16th, C. M. Kitching; Jan 23rd, A. E. Norburn; Jan. 30th, C. Price-Jones.

In the interview with the Clerk of the Works at the New College, which was published in our last, it was suggested that the name Maze Pond was derived from maize fields which existed when the district was a marshy tract along the banks of the Thames. A well-known authority on the history of old Southwark writes to correct this. He quotes Brailey (Londiniana) :—"On the opposite side of Tooley Street is a low neighbourhood of meanly built streets and passages, still denominated the Maze, from the intricacies of a labarynth in the gardens of the Abbot of Battlesinn, and which fronted its entrance gate." *Ne sutor ultra crepidam:* we have, alas, no antiquarian on our staff. Happily, however, we are now in a position to promise our readers contributions on the past history of the district round about Guy's, from a pen which is not likely to err.

NEW BOOKS IN THE LIBRARY.

During the past quarter the following works have been added to the Library:—

On the recommendation of the Library Committee—

Foster's Physiology, Part 1, latest edition.
Payne's Pathology.
Holmes' Surgery, latest edition.
Huxley and Martin's Biology, 1888.
Leuckhart's Parasites of Man.
Goebel's Classification of Plants.

Presented—

Fagge's Principles and Practice of Medicine, by the Editor, Dr. Pye-Smith.

Mercur's Nervous System and the Mind, by the Author.

Stewart's Epitome of Ear Diseases, by the Author.

The Antiseptic Vaults of St. Michan's Church, Dublin, by the Author, A. Vicars, F.S.A.

On Tension, the Hunterian Lectures for 1888, by the Author, T. Bryant, F.R.C.S.

Tait's Ectopic Pregnancy and Pelvic Hæmatocele, by the Author.

Calendar of the Royal College of Surgeons of England, by the Council.

Carmichael Prize Essay for 1887—First Prize Essay, Dr. Rivington; Second Ditto, T. Laffan, M.C.P.J.

Presented by Dr. Stevenson—

Mayer's Diabetes, and its connection with Heart Disease.
Heidenhain's Hypnotism.
Aveling's Mechanics and Experimental Science.
Binet and Féré's Animal Magnetism.
Remsen's Inorganic Chemistry.
Hartley's Quantitative Analysis.
Pavy's Harveian Oration for 1886.
Brunton's Disorders of Digestion.
Bernay's Notes on Analytical Chemistry.
Richter's Inorganic Chemistry.
Guy and Ferrier's Forensic Medicine.
Dupré and Hake's Inorganic Chemistry.
Carr's Our Domestic Poisons.
Landaner's Blow-pipe Analysis.
Kinzett's Alkali Trade.
Clowes' Practical Chemistry.
Sutton's Volumetric Analysis.
Hager's Das Miknoskop.
Thorpe and Muir's Qualitative Analysis.
Thorpe's Quantitative Analysis.
Bloxam's Chemistry.
Fresenin's Qualitative Analysis.
Griffin's Chemical Testing of Wines and Spirits.
Christison's Poisons.
Fayle's The Story of William Allen, F.R.S. (Guy's).
Babbington and Allen's Syllabus of Chemical Lectures at Guy's Hospital for 1802 and 1816, 2 vols.

Sport.

FOOTBALL.

SURREY CHALLENGE CUP.

GUY'S HOSPITAL v. ST. THOMAS'S HOSPITAL.

The tie between these clubs was contested at Surbiton on Wednesday, Jan. 9th, in the presence of a fairly good company. The afternoon was fine, and some good football was witnessed. Guy's, who were a man short, were unsuccessful in the toss, and kicked off with a strong wind and the sun in their faces. In spite of these disadvantages, they were not long in making several determined attacks on their rivals' goal, which, however, was well protected by the keeper. Eventually Holman got the ball out of a bit of a bully, and quickly put it under the cross-bar, a feat which he almost repeated a little time after. Guy's continued to get the advantage, but half-time found them with only the point mentioned to their credit. At the beginning of the second half the play was even, the fact of Guy's being a man short balancing the lack of science in the play of Thomas's. After a long while, Brown kicked a second goal for Guy's, and then in the next few minutes Moreton scored a point for Thomas's, while Holman obtained a third for Guy's, who were declared the winners by three goals to one.

The team are decidedly to be congratulated on their hard earned victory, considering that they played without W. G. Mitchell, their centre forward, who, by some misunderstanding, had not come down. As regards the play, the Guy's forwards worked thoroughly well, their passing at times being very neat, of these Holman and A. T. Brown deserve special mention. The backs as well, to a man, played a really sound game, "E. J. D." as usual being well to the fore. C. G. Roberts also is to be congratulated on his play. Of the Thomas's men, Hoare and Hanwell made some very smart runs, but the team as a whole played a good game, never being at all disheartened till the last part of the game when their chances of the match were hopeless. This victory brings Guy's through the second round, it will be remembered that they drew a bye in the first round, and the next match will be against Dorking, at Dorking. to decide the third round, which will take place some time at the end of the present month. The respective teams were as follows:—

THOMAS'S.—C. G. Wilson (goal), C. Hill and H. Mason (backs), H. D. Levick, J. Shepherd, and C. Brooker (half-backs), G. E. Hanwell and G. Bond (right wing), T. W. E. Moreton. capt. (centre), A. R. Hoare and G. Hodson (left wing).

GUY'S.—J. Hassel (goal), G. W. Mitchell and O. J. Bradley (backs), C. G. Roberts, E. J. D. Mitchell, and V. Pendred (half-backs), A. T. Brown, Austen Smith (capt.), H. J. Holman, and W. E. Sturges-Jones (forwards.

BLACKHEATH v. GUY'S.

Played on Saturday, Dec. 22nd, at the Rectory Field, Blackheath. Blackheath had their best team playing. Guy's were represented by T. B. Edwards (back), S, S. Wallis, W. G. Mitchell, and J. H. Bettington (three-quarter-backs), H. G. Steele and J. H. Bryant (half-backs), A. Allport (capt.), F. G. Swayne, J. Fawcett, W, Bligh, T. O. Raw, H. B. Rygate, W. G. Rogers, G. S. Pantin, and E. M. Pilcher.

The game was a very fast one throughout, our forwards more than held their own, the screwing was especially good, and the collaring showed a marked improvement. Allport, Swayne, Fawcett, Rygate, and Rogers played a sound game throughout. The weak point was the outside three-quarters' play. From a spectator's point of view, this was the sole cause of our losing the match. Two or three certain chances of scoring were positively thrown away, especially by Wallis, who played a very weak game; whilst in their 25 on three occasions, if not more, instead of passing out to his centre three-quarter, or running in himself, he dropped feebly in to the Blackheath touch, thus giving them time to recover themselves and make a fresh start. It is to be hoped that this sort of thing will not take place in the Cup Ties. Bettington also played a feeble game, his collaring being especially bad, and not at all up to Cup Tie form. The halves did not play as well as usual.

In the first half, Blackheath scored a goal, which was neatly dropped by Stoddart. In the second half, K. Christopherson secured a lucky try, after a long run by Rousel, the goal was successfully kicked by Stoddart. After the kick off, Bryant secured a try by a sharp follow up. Mitchell placed a very good goal; he played a perfect game throughout the match, and but for him the score against us would have been much heavier. Now that the Cup Ties are coming on, it is to be hoped he will play regularly for the Hospital. We are drawn against Westminster in the first round, and play them on Jan. 29th.

The match with the London Scottish, which was to have been played on Saturday, Jan. 5th, was scratched by them owing to the frost rendering the ground too hard for play.

The match with the London Welsh, to have been played on Saturday 12th, was scratched by mutual consent owing to the state of the ground.

Instone has returned at last, and will make our forward combination much stronger.

FIRST ROUND OF INTER-HOSPITAL CUP TIES.

Jan. 28. Charing Cross v. Middlesex.
" 29. Guy's v. Westminster. Scratched by Westminster.
" 31. Bartholomew's v. Mary's.
Feb. 1. King's v. George's.
" 4. Thomas's v. University.
London a bye.

CRICKET CLUB.

The matches for the ensuing season have now been definitely arranged and are as follows:—

May 3. Frid. ... Opening Match.
" 4. Sat. ... Beckenham.
" 6. Mon. ... Surrey Colts.
" 11. Sat. ... Crystal Palace.
May 18. Sat. ... Norwood.
" 22. Wed. ... Christ's College, Finchley.*
" 25. Sat. ... Upper Tooting.*
" 30. Thurs. ... St. George's Hospital (Cup Tie).
June 1. Sat. ... Bickley Park.*
" 4. Tues. ... Blackheath.*
" 12. Wed. ... Hampstead.
" 15. Sat. ... Philberds, Maidenhead.
" 19. Wed. ... Clapton.
" 22. Sat. ... High Wycombe-Bucks.
" 29. Sat. ... Reigate Hill.
July 6. Sat. ... Brentwood.

* These are half-day matches.

As will be seen above, most of the matches have been arranged on Wednesdays and Saturdays, on which days teams can best get away; so it is to be hoped that, as most of the above are powerful teams, a thoroughly good representative team will be able to be got together to meet each of them. If this is done, a more successful season than the previous one may be secured.

H. AUSTEN SMITH,
Hon. Sec. C.C.

M.B. (Lond.), who has held Senior Appointments at Guy's, wishes for an ASSISTANTSHIP, by which he could work into a PARTNERSHIP. Has served a two years' pupilage in a General Practice. South preferred.—Address N., Medical Office, Guy's Hospital.

UNOPPOSED COUNTRY PRACTICE in the Midlands, 7 miles from a large town. Return about £500. Union Appointment and Public Vaccinatorship. Nearest opposition 4½ miles. Patients all classes. Nearest railway station half a mile from home. House convenient, in good repair. Rented with fair-sized garden and small field (1½ acres). Stabling for 3 horses. Very good hunting. 2½ hours from Euston. Particulars, W. G., Medical Office.

SMALL NUCLEUS for disposal at once on South Coast, last year's receipts £250, suit middle-aged man with small private means. Good introduction would be given. Price, £50, or offer. Vendor has private reasons for leaving. Particulars, E. G., Medical Office.

GENERAL PRACTICE of 23 years' standing for disposal immediately, or PARTNERSHIP Share can be arranged. Returns £1,000 per annum. Illness the cause of requiring assistance. Practice situate in the South. Particulars, A. Y., Medical Office.

WANTED, by an old Guy's man, a PARTNER in the North of England, with a view of working up an unopposed district. About £100 to £150 is all the cash needed to commence.—Apply, J. A., Medical Office.

WANTED, QUALIFIED MAN for 3 months, to HELP in a large practice, colliery, ironworks and private. Terms: Rooms, light, fire and attendance. Salary, £10 per month.—Full details from A. E. PRICE, 33, Trinity Square, S.E.

WANTED, by a Guy's man, an ASSISTANTSHIP, with an early view to Partnership or Succession. Advertiser has already had 4 years' experience.—W. F. T., 25, Trinity Square, Boro', S.E.

GUY'S man desirous of an APPOINTMENT, either as Locum, or to take care of an Invalid.—B., the Medical Office, Guy's, Boro'. S.E.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Subscribers who wish to have their GAZETTES *for 1888 bound in one volume, should leave the numbers, with the Index published on January 19th, with the Librarian without delay. The cost of binding in the Hospital colours is one shilling and sixpence.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* MR. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

FEBRUARY 2, 1889.

OBSTRUCTIVE JAUNDICE — BILIARY CALCULUS — CHOLECYSTITIS — DILATED BILE DUCTS — ASCENDING SUPPURATIVE HEPATITIS—DEATH.

(Published by kind permission from Dr. GOODHART and Dr. PERRY.)

Reported by H. AUSTEN SMITH.

W. B., æt. 39, an engine driver, admitted on December 10th for jaundice and severe pain over the epigastric region.

Personal medical history.—Family history good; not married; has lived well, giving a definite history of drink, excessive during the last six months; when 18 had gonorrhœa; five years ago he suffered from hæmorrhoids, at times lost a good deal of blood, they were removed by operation. Otherwise generally healthy.

History of present illness.—About a year ago patient had an attack of acute pain over the abdomen; he was in agony for 26 hours, but after that was quite well. He noticed that at the time he was slightly jaundiced; this soon passed off; he vomited once during the attack. Ten weeks ago he had a second attack of severe pain in the same region, of a sharp intermittent character; this lasted 36 hours, and then left him altogether. He vomited once during the attack, and noticed as above that he was slightly jaundiced after it. Neither time did he examine his motions to see if anything abnormal was passed.

Ten days before admission (*i.e.*, December 1), he worked all day, being quite well, and after work had a meal of mutton, potatoes, and two pints of beer. At three o'clock next morning he woke up suffering from acute pain over the abdomen; he vomited, and when it was light noticed that he was completely jaundiced, his eyes being markedly yellow. During that day (Sunday) the pain was intermittent, very acute at times; he could eat nothing at all; his motions were of a white clay colour, and his urine was very dark. The next day, feeling no better, he saw a doctor, who ordered him to stay in bed and keep quiet. Hot flannels and poultices were applied to the abdomen; he was kept on fluid diet, and opiates given. All the week, on and off, he was in severe pain, and as he did not improve he was admitted. During this time nothing of the nature of a gall stone was passed, as his motions were carefully examined.

On admission, patient is a well-nourished man, not much wasted; anxious, worn expression; he lies on his back in bed with his knees drawn up, suffering from acute pain over the epigastric and right hypochondriac regions and passing all over the abdomen. At times he gets relief. He is markedly jaundiced, conjunctivæ deep yellow; no rash or pruritis; abdomen distended and firm, not tender on careful palpation, surface rather abraded from constant poulticing, moves with respiration; appetite bad; bowels confined; tongue furred and dry; passes a good deal of flatus. Liver dulness commences at 4th right space in front and extends 1½ inches below the edge of the ribs; spleen not felt; no ascites. Temp. 101°. Chest normal, moves well, good resonance. Circulatory system normal. Pulse 84, full and compressible, regular. Urine dark smoky colour, sp. gr. 1026, acid, no albumin or sugar; large amount of bile pigment.

December 11th.—Pain very acute; gets no sleep. Ordered Pot. Brom. gr. xv., Chlor. Hydr. gr. xv., Aq. ad. ʒi., t.d.s. Farinaceous diet.

12th.—Pain very severe; gets relief at times. T. 101·6. The liver can be distinctly felt projecting more than an inch below the ribs; its surface feels smooth and is not tender. The gall bladder can be easily felt as a rounded swelling projecting below the liver. He gets a little sleep after draught.

13th.—Pain slightly less; when the acute pain ceases, he says there is always a dull, constant pain. Abdomen distended, firm and tense. Suffers from flatulence. Dr. Goodhart saw patient, and gave following diagnosis: "Obstructive jaundice, gall stones." Lungs normal, no râles heard. Ordered Ext. Belladonna gr. ¼, Ext. Nucis Vomicæ gr. ½, Pulv. Opii. gr. ½, Ft. pil., 6tis horis sumend. Bowels rather confined, so Mist. Rhei. Co. ʒi., t.d.s., was ordered. T. 101·6, P. 78.

14th.—Pain over abdomen less. Edge of liver distinctly felt below ribs. Complains of no pain on palpation. Begins to look wasted; is rather dull. Jaundice no less; no pruritis. Sleeps better. T. 99·8, 102·8 in the evening; P. 90. Takes very little nourishment.

15th.—Abdomen very tense, hardly moves during respiration. Liver seems to be increasing in size, felt 2 inches below edge of ribs, rather tender on pressure. Bowels do not act well. Pain rather less again, but still acute at times. Slight pruritis. Colour rather less. T. 99·4.

16th.—Bowels acting well, motions clay colour. Omit Mist. Rhei. Co. T. 99, P. 90.

17th.—Patient was sick three times last night and twice this morning; vomit, liquid, greenish colour; gives reaction for bile pigment. Has now diarrhœa, motions of light brown colour, fluid, bile in them. Ordered for diarrhœa, Tr. Iodi ɱi., Ex. Aqua ʒi., Brandy ʒiii., Milk and Lime Water. Complains of thirst; tongue dry, covered with brownish fur. No pain over abdomen; suffers rather from headache. Abdomen more distended but flaccid; good deal of flatulence, tympanitic on percussion; coils of distended intestine easily felt; edge of liver cannot now be felt, probably distended intestine in front. T. 99·4, P. 96, rather full. Urine dark, sp. gr., 1030, sediment of urates, no albumin. Bile pigment present. 2·3 per cent. of urea. Colour appreciably less all over body. Patient now markedly wasted, eyes rather sunken, voice rather feeble; dull and somewhat drowsy. T. 99·6, P. 92.

18th.—Colour better. As there is now more abdominal pain, and there is great distension, poultices are applied to the abdomen. Patient is very depressed, more wasted, dark rings round eyes; complains of thirst, tongue coated thickly with brownish fur. Slight headache. Sick twice last night, constantly retching. Looks very ill; lies on his back and takes no interest in anything going on around. Still suffers from diarrhœa. Urine, thick deposit of urates, sp. gr. 1030, acid, no albumin. Bile pigment present, distinctly less than formerly. R. 30, T. 98, P. 96.

19th.—Patient very depressed and drowsy, extremly so; he is very much wasted, but quite conscious and intelligent when roused; eyes very sunken, bones prominent. Abdomen not distended, no pain; poultices still applied. Liver felt again, about an inch below the ribs, not tender. Urine, sp. gr. 1026, acid, no albumin. Bile pigment. No leucin or tyrosin. Urea 2·3 per cent. T. 97·8. Diarrhœa still persists, 5 times in 24 hours; motions liquid of greenish colour, bile in them. Sick three times during last night. Ordered Mist. Hæmatoxylin, ʒi. 6tis horis.

20th.—Patient much worse; very drowsy; lies with his eyes half closed; roused with slight difficulty; answers in faint voice when

spoken to. Sick twice, vomit green liquid, sour smell. Diarrhœa better. Liver distinctly felt below ribs, surface smooth, hard and resistant. No pain over abdomen. Heart sounds weak, hardly perceptible. Pulse 112, very feeble. Deficient entry of air on right side, resonance good, few râles heard over left side of chest. 9 p.m.—Extremities cold; very wasted; malar bones and jaws prominent; eyes very sunken. Hot-water bottles and blankets applied to legs, but they did not improve. Brandy increased to ʒviii. Patient did not improve, but kept in the same extremely drowsy condition, and died suddenly at 7 a.m. on the 21st.

(To be continued.)

CARCINOMA OF THE STOMACH.

By E. C. Kingsford,
Junior House-Surgeon, Bolton Infirmary.

The following notes of two cases of this disease are worth recording, as in neither of them were there any marked symptoms pointing to a correct diagnosis, and had it not been for the autopsies their real nature would have remained obscure.

Case I.

Anne F., æt 60, was admitted December 24th, 1886, under the care of Mr. Garstung, for anæmia. She gave a good previous history and had been quite well till 12 months before when she was attacked with rheumatics. She had been troubled with maziness and palpitation for some months, and her feet and legs had been swelling for eight or nine weeks.

On Admission she was described as feeble, emaciated, and cachectic in appearance, with a slight cough but no pain of any kind, considerable œdema of legs and feet, no ascites, heart sounds feeble and irregular, a mitral systolic bruit, rhonchi and râles in right chest, passed her stools and urine under her, bowels loose, urine scanty Sp. G. 1018, contained a small quantity of albumin and a few granular casts. On January 3rd her hands were noticed to be œdematous and she became very pale and anæmic, bowels still loose. On the 6th she vomited for the first time, but still did not suffer from any pain, the vomiting recurred occasionally and she grew gradually weaker and died on January 18th.

Autopsy.—A mass of hard nodulated cancer was found at the pyloric end of the stomach, and on opening the viscus it was seen involving the whole wall circularly, but the pylorus itself was only slightly contracted, the cardiac half of the organ being quite free. The anterior wall of the stomach was adherent to the round ligament of the liver, and a band of omentum was fixed to the fundus of the uterus. No secondary growths were found anywhere in the body. The liver was pale, weighing 74 ounces, and the heart was large and fatty.

Dec. 31st, 1888.

(To be concluded.)

NOTES ON PRESCRIPTIONS.

By Henry Collier,
Pharmaceutical Chemist, Guy's Hospital.

ACIDUM CARBOLICUM (Carbolic Acid).

Syn. Phenol. Phenic Alcohol.

Carbolic acid is obtained in colourless pulverulent crystals; its solubility in water varies according to the variety. The purest acid of commerce is known as Absolute Phenol, or No. 1; this is soluble to the extent of 1 in 12. No. 2, which is suitable for surgical use, dissolves 1 in 18. The other commercial varieties are used for disinfecting purposes. The acid is also freely soluble in alcohol, ether, benzol, chloroform, glycerine, fixed and volatile oils, fats, and in solutions of alkalies.

Acidum Carbolicum Liquefactum.—Carbolic acid liquefied by the addition of 10 per cent. of water. It is a colourless, or very slightly reddish or brownish, liquid, which remains fluid at ordinary temperatures. It is a very convenient form for making solutions, or for local applications.

Glycerinum Acidi Carbolici.—A colourless solution of 1 part of Carbolic Acid with 4 parts of Glycerine.

Suppositoria Acidi Carbolici cum Sapone.—Carbolic Acid, Curd Soap, Glycerine of Starch. Each suppository contains 1 grain of Carbolic Acid.

Unguentum Acidi Carbolici.—Carbolic Acid 1, Soft Paraffin 12, Hard Paraffin 6.

Carbolic Acid is given internally to check sickness, in diarrhœa, and in some stages of phthisis. The dose is 1 to 3 grains. The sulphocarbolate of sodium, a salt very readily soluble in water, and the dose of which is 10 to 15 grains, is more frequently used than Carbolic Acid.

The acid is prescribed in the form of pill or mixture.

℞ Acid Carbolici, gr. i.
Pulv. Glycyrrhizæ, gr. ii.
Conf. Rosæ, q. s. ut. ft. pil.
(Lond. Hosp.)

℞ Glycerin Acid Carbolic, ♏ v.
Aq. ad. ʒj. M.

Carbolic Acid is a powerful antiseptic, and is largely used in surgical dressings; it possesses also disinfectant and deodorant properties. In the concentrated form as Acidum Carbolicum Liquefactum applied externally it is a powerful caustic. The Glycerine is a useful application to ringworm. The suppositoria are used to correct putrescence of the vagina, and the Unguentum as an application to various parasitic affections.

Solutions in water of Carbolic Acid are used of various strengths, according to the purpose for which they are intended. Steam passing through a solution of 1 part of Carbolic Acid in 20 of Water forms Carbolic Acid Spray, and this strength is generally used for the hands of the operator, sponges, &c.

Lotio Acidi Carbolici, 1 in 20—

℞ Acid Carbolic, gr. 24.
Aq. ʒj. Solve. (Guy's.)

As a vaginal injection—

℞ Acid Carbolic No. 2, gr. ij.
Aq. ad. ʒj. Solve.
(Lond. Hosp.)

Injection for the ears—

℞ Acid Carbolic No. 2, gr. xij.
Aq. Calida, ʒj. Solve.
To be diluted with an equal quantity of warm water immediately before use.
(Lond. Hosp.)

For a nasal douche—

℞ Acid Carbolic, gr. iv.
Sodii Bicarb., gr. xij.
Boracis, gr. xij.
Aq. ad. ʒj. M.
(Throat Hosp.)

Antiseptic and stimulant gargle for sore throat attended with fœtor of breath.

℞ Acid Carbolic, gr. 20.
Glycerin ʒ fs.
Aq. ad. ʒ x.
Ft. Gargarisma.
(Throat Hosp.)

Spray solution, stimulant and antiseptic—

℞ Acid Carbolic, gr. iij.
Aq. ad. ʒ j. Solve.
To be used with a Siegel's Spray Producer.
(Lond. Hosp.)

For inhalation—

℞ Acid Carbolic, ʒ vj.
Ol. Pini Sylvestris, ʒ iv.
Ol. Juniperi, ʒ ij.
Tinct. Benzoin Co., ʒ j.
Aq. ad. ʒ x. M.
1 part of the solution to be mixed with 6 parts of hot water.

℞ Acid Carbolic, gr. 20.
Aq. Calida, ʒ j. Solve.
(Guy's).

Carbolic Oil is used of various strengths, from 1 in 10, 20, or 40.

Oleum Acidi Carbolici (1 in 20)—

℞ Acid Carbolic, gr. 24.
Olei Olivæ, ʒ j. M. (Guy's.)

What is known as Lund's Oil is used for oiling catheters; it is composed of Absolute Phenol 1, Castor Oil 4, Olive Oil 11.

Carbolic Gauze is unbleached cotton gauze impregnated with half its weight of a mixture of Carbolic Acid 1, Resin 4, Paraffin 4.

Carbolised Silk for ligatures.—Silk soaked in a 1 in 10 mixture of Carbolic Acid and Yellow Wax, and then drawn through a cloth to remove superfluous wax.

Carbolised Tow contains 10 per cent. of Carbolic Acid and is impregnated with Tar.

Carbolic Wool is usually made to contain 6 per cent. of Carbolic Acid.

Oiled Silk Protective—Green Protective.—This is oiled silk coated over with copal varnish, and then brushed over with 1 in 20 Carbolic Lotion containing a little starch.

PUBLIC HEALTH DIPLOMAS AND HOW TO GET THEM.

BY A CANDIDATE.

(*Concluded.*)

The second examination embraces a very wide range of reading, and it is almost impossible to say in what books the subject may be studied fully.

The first subject is the origin, growth, and prevention of disease, divided under six heads.

1. *Special Pathology of Epidemic and Endemic Disease.*—Under this head may be grouped the following subjects: Zymotic disease, symptoms, pathology, and treatment; Endemic diseases, the countries which they affect, their causes, &c.—*e.g.*, leprosy and other Asiatic and African diseases may be asked.

2. *Influence of Climate, Season and Soil.*—Such questions as the nature and origin of malaria, phthisis, diarrhœa, &c.; the diseases produced by different climates; the prevailing causes of death in England at different periods of the year; importance of ground water in disease.

3. *Effects of Unwholesome Air, Water and Diet.*—Sufficient details of the effects of impure air and water will be found in Parkes on Hygiene, but for diet a wider range of reading is recommended; the effects of meat are also to be found here, but the study of examples occurring in well known cases will be found very advisable; the study of all cases recorded in the medical journals and of the "Transactions" of learned societies is also recommended.

4. *With regard to the Diseases of Animals.* There should be some knowledge of modern theories affecting rabies, scarlatina, and tubercle; also of entozoa, swine fever, pleuro-pneumonia, and other cattle diseases. Recent reports on the Hendon cow disease, the propagation of disease by domestic animals, flies, &c., are also important.

5. Under the heading of *Occupation*, the influence of certain trades upon health and the methods to be observed by both employers and employed are included; much interesting and valuable information on this subject may be found in Dr. Ballard's three-volume report on effluvium nuisances.

6. *Isolation, Quarantine, Disinfection, Vaccination.*—Here we have preventive measures, and the subjects indicated must be known in detail.

As regards *Quarantine*, the points are mainly—its efficacy, duration required, where and when enforced, laws of England affecting it.

Isolation.—Powers given to local authorities, powers given to port authorities; powers under various Acts of Parliament, hereafter to be enumerated.

Disinfection.—Disinfectants classified; their value; how employed; quantity required; methods of disinfection by air, water, heat, cold, steam, and chemical agencies; disinfecting stoves; compulsory powers of sanitary authorities.

Vaccination.—The theory of vaccination; its efficacy; statistics; pathology of normal vaccine vesicle; orders issued to public vaccinators; vaccino-syphilis; other vaccination diseases.

PART II.

Sanitary Work and Administration.

a. Health requirements of houses, villages and towns.

b. Sanitary regulations of households, establishments, and occupations, including the construction and arrangement of hospitals.

c. The prevention and control of epidemic and endemic diseases.

Here we have all the points of sanitary construction, efficient drainage, &c., which Part I. contains applied practically—the keeping of domestic animals, the arrangements of privies, latrines, &c.; the special methods of sanitation applicable to factories, schools, prisons, barracks, &c., &c.; the necessary details of hospital construction, space, light, ventilation, warming; essentials of infectious wards; temporary hospitals, tents, huts, &c.; site; number of beds required per 1,000 of population; the control of noxious trades; the causes of effluvium nuisances and the means of their prevention. The treatment of infectious disease from a preventive point of view in the sick-room, the school or the barracks; drainage of marshes; sites for camps; provision of food, medicine and disinfectants.

PART III.

Sanitary Legislation—

The following Acts of Parliament:—

Public Health Act, 1875 (especially its schedules).
Public Health (Water) Act, 1878.
Food and Drugs Act, 1875 and 1879.
Canal Boats Act, 1877.
Factories Act, 1878.
Factory Act, 1883 (Bakehouses).
Burial Acts.
Artizans' Dwellings Act.
Contagious Diseases (Animals) Acts.
Public Health (Interments) Act, 1879.
Alkali Acts.
Infants' Protection Act, 1872.
Epidemic Diseases Prevention Act.

Besides these Acts, there are Orders of the Local Government Board relating to dairies, cowsheds. &c., slaughterhouses, &c., the provisions of the Education Code relating to epidemic disease, and the Law of Registration.

Add to this the Model Bye Laws of the Local Government Board, and a variety of Local Government Board Orders too numerous to particularize.

This vast amount of Sanitary Legislation is somewhat appalling, and has been condensed into a stout volume by Mr. Glen; but the candidate is advised not to attack this tremendous book. Dr. Hime, of Bradford, has published a synopsis of the law, which is very useful, but hardly sufficient. It forms, however, an admirable guide for further reading.

The intending D.P.H. MUST know his Public Health Acts, 1875 and 1878, thoroughly, and every candidate should get the Act in its completeness, as published by Knight & Co. The same volume contains other important Acts. The same remark applies to Model Bye-Laws.

Lastly, the duties of Sanitary Officers. This is all laid down by the Local Government Board. A man must know what he can do, and by what machinery he can do it; what the L.G.B. can do, and how; and what the Privy Council can do.

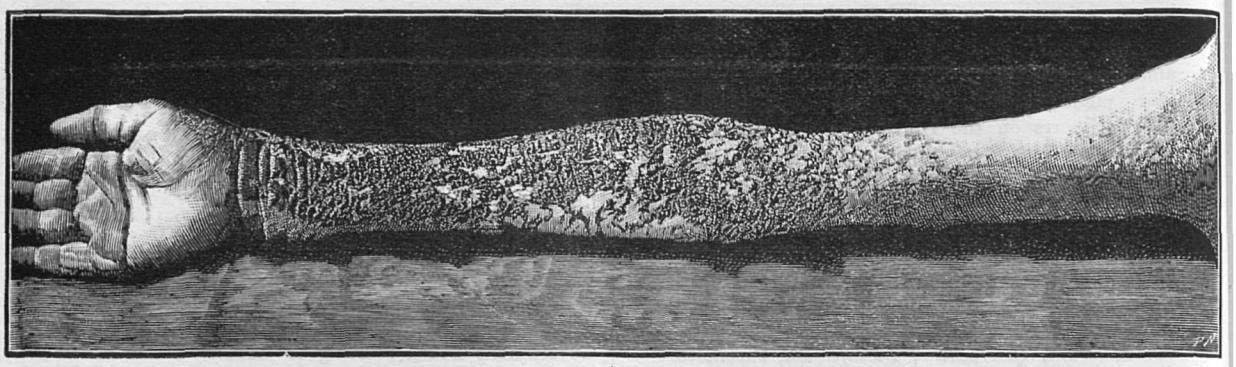
In conclusion, it will be asked, "What books to read?" It is hard to say. All the reports of the Medical Officer to the Privy Council—notably, Dr. Ballard on Effluvium Nuisances, and Dr. Thorne on Hospitals—all modern health publications; odd volumes of the sanitary periodicals and magazines; anything and everything, and nowadays, there is quite enough that good men write on Sanitation.

I feel that I cannot conclude these few lame hints on Sanitary Reading without expressing my gratification at the letter which Part I. has produced in the columns of the GAZETTE. All the work for this diploma is of necessity post-graduate work; but it seems to me that at Guy's many of our best men might find time, while taking some of the higher appointments, to work at any rate for Part I.

I can only hope that Guy's will be able to show a good record in the study of Prevention, as it has always done in that of Cure.

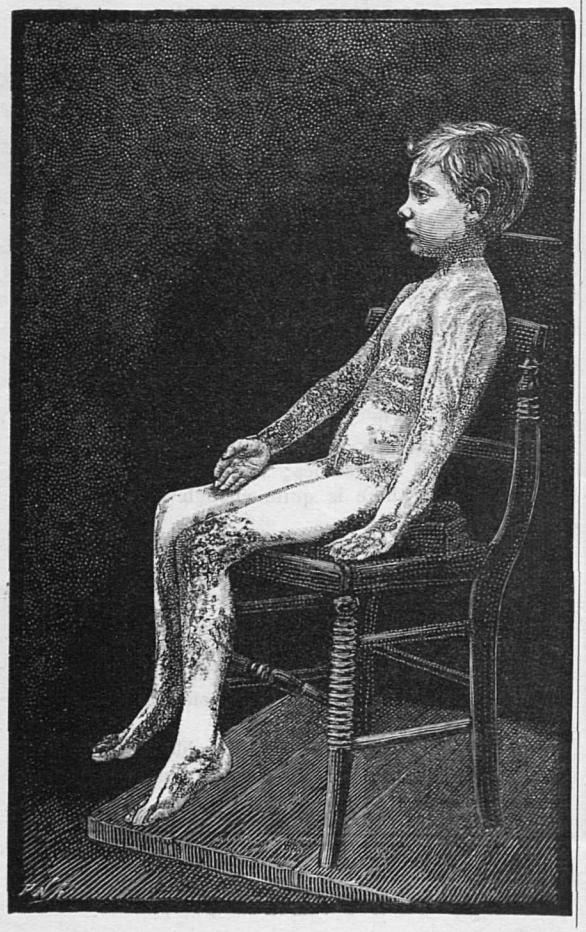
Erratum—

In Part I., read Dr. Farr's Vital Statistics, not Dr. Fann.



ICHTHYOSIS HYSTRIX.

The illustration this week represents a case of Ichthyosis Hystrix which was under the care of Dr. Pye-Smith (and to whom I am indebted for permission to publish it), in Philip Ward, in 1887. The Woodcuts are taken from photographs by Mr. F. E. Heatherley.



The case was a typical one of the disease, bearing out in every way the descriptions in the books, and is the one referred to by Dr. Pye-Smith in the 2nd Edition of "Fagge."

Briefly the history is that the boy, F. M., æt. 9, was born with the disease; the report does not give any history of blood-relations.

On admission his skin was dry and exhaled a peculiar sickening odour; he was covered everywhere with a dry, scaly eruption, but the following parts were exempt:—the scalp and face, except a small patch on left side of forehead; the palms and soles, but the skin was here dry, hard and smooth; and the anterior surfaces of the thighs, but here are several patches of pigmented skin (?old seats of disease). The scales were greenish-black or dirty yellow in colour. The eruption appeared to run in lines along the various parts, it did not itch; and the boy said that he sometimes perspired. On rubbing the leg with a piece of lint the squames were easily removed, leaving a hyperæmic base which was inclined to bleed.

The treatment was—Saponis Mollis; Sp. Vini Rect. aa ℥j.

Aquæ ad Oj, to be applied with a flannel.

A warm bath night and morning. To be rubbed with vaseline. He was ordered—

Mist. Ol. Morrhuæ c̄ Ferro ℥j bis die, and an ointment for palms, feet and knees. Acidi Salicylis gr. xxx.; Adeps Benzoat. ℥j.

During his stay he was attacked with Rothëln, but this had no effect on the skin disease.

He went out on August 27th, the back being free from the eruption, as well as parts of the chest and abdomen.

Those who are interested will find a coloured drawing of his condition, soon after he was admitted, in the Museum. A. R. F. E.

Passim.

This week we have to thank our supporters for their prompt subscriptions; we yet aim to include in our lists the name of every Guy's man, past and present.

Arrangements have been made by which the *Nursing Staff* can obtain copies of the Gazette for the current year at the Porter's Lodge at the price of Threepence. Back numbers of the Gazette can also be obtained on the same terms.

Guy's Hospital Reports for 1888 can be obtained of the Editors, or at the Medical Office. We understand the copies are selling well, and those who wish to secure this extra-large volume should apply without delay.

We have much pleasure in publishing in another column the Pass Lists of the Final Conjoint Examination, and congratulate the successful men. As far as we can ascertain, very few were referred this time. We heartily wish them success in their next attempt.

First Year's Students are reminded that Dr. Wooldridge commences his Practical Histology class early next month. Each Student should provide himself with a microscope.

We publish this week Photographs of a case of Ichthyosis Hystrix. We hope to continue a series of interesting Pathological Photographs, which will be of special value to those of our Readers who have not the opportunity of seeing the cases themselves in the wards.

In a letter we publish this week from a Correspondent, attention is drawn to the fact that the "List of interesting cases in the wards" has been omitted this year. This was done because the List took up a good deal of valuable space, and also we thought that very few men read the List, and therefore it was not of sufficient interest to the general body of our Subscribers. We shall be very glad to receive the opinion of our Readers on this point.

We have received from Messrs. Huggett & Co. one of their "Permanent Solutions for Hypodermic Injection." The solutions are prepared without the addition of either Alcohol or Acid, and are warranted to be uniform in strength and to retain their properties unimpaired.

The following appeared in a provincial Contemporary:—"On the return of Mr. and Mrs. Padbury from their honeymoon, the workmen in the employ of Mr. Parmiter, of Harwood Farm, Ansty, presented them with a combined stationery case and writing desk. The presentation was made at Harwood Farm House by Mr. W. Taylor. Mr. Padbury, in a few well-chosen words, thanked the subscribers. A pleasant evening was afterwards spent."—We congratulate our old fellow-student most heartily, and wish Mr. and Mrs. Padbury a wealth of health and happiness.

We are glad of having the opportunity of drawing the attention of our readers to an announcement which appears in this issue under the heading "A Biographical History of Guy's Hospital;" it will be seen the work is undertaken by G. T. Bettany, M.A., B.Sc., F.L.S. We are sure it will be of much interest to Guyites. It is, we understand, well received and supported in official circles. The subscription copies are being well applied for, and we hope to be able to report very shortly that the whole of the first edition is secured. Any of our readers who wish to be entered on the Subscribers' list should send in their names without delay to Mr. Wells.

We hope there will be a large attendance at the Physical Society to-night; as announced in another column, no paper will be read, but there will be a "Clinical Evening." The following cases will be shown:—Excision of elbow, epithelioma of tongue, wasting of muscles of the arm, ataxic paraplegia, and peripheral neuritis. Some notes of a case of cysto-sarcoma of the ovary will also be read.

At a General Meeting of the Guy's Hospital London University Club, held on Wednesday the 30th ult., the Provisional Committee presented their Report, which, after a few modifications, was accepted. The Permanent Executive then took on the reins of office, and the Provisional Committee retired from duty.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sir,—As an old Guy's man, I note with much pleasure the extension, size, and scope of the Gazette, as represented by the first two numbers of this year, and am sure that the circulation amongst Guyites, past and present, will be a convincing proof that this feeling is general and widespread.

There is no doubt but that, in the present form, it meets a want felt by all—but especially by men away from the Hospital, to know something in detail of the numerous changes which have occurred, and of the still greater alterations in the conditions of student life at Guy's, which are promised in the future.

The pathological illustrations, if executed in the clear and distinct manner of the specimen in the first number, will be of particular value to those men who have not access to the material of a large Hospital, and who are desirous of studying typical or unusual diseases.

I see that the "List of Interesting Cases," inserted in last year's issue, has been omitted in this. Now this list was particularly valuable to those men about the Hospital, or coming up occasionally, who were reading for examinations. It gave them an opportunity of seeing much that was interesting without loss of time. I would suggest that this should be reintroduced.

Our hearty thanks are due to all who assist in conducting this valuable journal.—I am, Sir, yours faithfully,

Forest Hill, Jan. 26, 1889. ALBERT GREEN

FINAL CONJOINT EXAMINATION. PASS LIST.

MEDICINE.

J. C. Baines	G. M. Jones
G. N. P. Carrell	R. G. P. Lansdown
W. F. A. Clowes	E. W. Marshall
A. Crossley	E. O. Newland
A. D. Fripp	T. F. Ricketts
C. J. Girling	C. S. Simpson

J. W. Smith.

SURGERY.

J. Dodds-Price	R. A. Sawyer
H. N. Edwards	W. P. Smart
A. C. Elliman	A. A. Smith
W. Gibson	C. S. Stamper
C. N. Graham	H. Stelfox
A. L. D. Meares	W. G. Thorpe

T. Wilson Smith

H. W. Whyte *(Bertie)*.

MIDWIFERY.

G. N. P. Carrell	A. L. D. Meares
R. S. Freeland	F. W. Pearse
A. D. Fripp	F. R. H. Potts
C. J. Fuller	T. O. Raw
C. J. Girling	T. F. Ricketts
T. S. Grose	C. S. Simpson
G. M. Jones	A. A. Smith
H. W. Keiffenheim	W. G. Thistle

R. T. Wallace.

MAZE POND.

Maze Pond Chapel, built about 1730, occupied for about 150 years the site of the new Guy's Hospital College. There were, last century and this, in Southwark some thirty or forty dissenting chapels, this one being of more than average importance. This society of Baptists had its origin much in this way. About 1672 there was in Goat Yard a wooden building where the people worshipped under the pastorate of the famous Benjamin Keach, who was in 1664 pilloried for writing a good little book, the Child's Instructor. I have seen his likeness showing a most uncomfortable countenance, owing probably to persecution and ill health. When he and his people first met, it was in a private house in Tooley Street, the better to conceal themselves. At length in better times certain of his congregation set themselves against all singing in their religious services, and seceded, or, as the bees would say, swarmed. From this curious secession came the Maze Pond Society, of which Mr. Spurgeon says in his pleasant way, "It was some time before the Maze Pond friends learned to sing; but it is needless to say that in all due time they were as fond of making melody to the Lord as the brethren from whom they parted."

This Goat Yard Society was also the precursor of that which had Gill and Rippon for pastors, who were succeeded by our great preacher, the Rev. C. H. Spurgeon. Discourses were now and then, as I know, given by very able men at Maze Pond Chapel to the students of Guy's and Thomas's Hospitals.

A STUDENT AT GUY'S IN 1830.

A CORRECTION.—As to the origin of the name Maze, it is correctly given as follows:—About the 13th century the Abbot of Battle had a town house or inn at Battlebridge, Tooley Street, and opposite, entered by a gateway, was his sumptuous garden, containing a maze, in which people might have some pleasant diversion and be puzzled to find their way out. There is but little doubt that the immediate locality was hence named the Manor of the Maze, and is to this day known as the Maze or Maze Pond. There is still a maze or labyrinth in the Hampton Court Gardens.

Physical Society.

Eighth Meeting of the Physical Society, January 19th, 1889, C. M. KITCHING in the Chair.

Mr. GILL read a Paper on

FRACTURED BASE.

Fissured fractures of the skull are produced by the action of diffuse blows, and are almost always produced by direct violence, but may or may not involve the point of application of the blow. The term "contrecoup" was applied to those fractures occurring at a point opposite to that struck: tis term has now been abandoned. Fracture of the base are also said to be produced by indirect violence, viz., by the sudden concussion imparted to skull, when a man falls from a great height on to his feet. A few such cases are recorded.

Considering the line a fracture is most likely to take, Aran's theory is first mentioned; he concluded, from experiment, that fractures always start from the point struck, and that they take the shortest route to base. This theory is generally accepted as being true in the vast majority of cases. Aran's theory has been recently amplified by some German observers, especially by Hermann. He looks upon the skull as a hollow elastic sphere, and distinguishes the poles, axis, meridians, equator, and parallels, these terms being borrowed from geographical science. If a force be applied in the direction of the poles, the axis will be shortened, whilst the equator and parallels will be lengthened, the equator most of all. This will cause a fracture in one of the meridians. The fracture often begins in the equator as the most strained of all the parallel lines, and may or may not run up to the poles. Again under pressure in the direction of the poles, the polar curve is increased and the equatorial curve flattened. Hence a separation of the outer table first and the inner secondly. This variety of fracture he terms "fracture by bending." Hermann found that by gradually increasing the force used; he could watch the fracture proceeding from the equator towards the poles, thus explaining Aran's results, saying that they were due to the excessive amount of force used. Hermann's theory explains the occurrence of the isolated fractures of the base, which Aran does not attempt to explain. Aran also states, that fractures take the shortest way to the base; this is true in the vast majority of cases, but exceptions to it are not uncommon; and then it is found that they always run in one of the meridians, thus confirming the truth of the wider view of Hermann. There are certain obvious exceptions to Hermann's theory, viz., that the elasticity of the skull is imperfect, and differs in different places; it is not a sphere, and, lastly, it is seldom that there is but one simple pressure.

Hermann introduced the theory of "fracture by bending," to explain the transverse fractures, which are sometimes, though rarely, met with: and the truth of the explanation is shown by the fact, that in such cases the fracture occurs in the equatorial line, which, as being the most strained of all the parallel lines, would give way first in a "fracture by bending." The direction of fractures is frequently modified by the presence of sutures. But it is not often that a fracture is limited to the sutures. The direction of a fracture is also frequently modified by the exceedingly brittle character of some parts of the base, especially by the petrous portions of the temporal bones. The frequency with which fractures of the middle forsa involve the petrous portion of the temporal bone is remarkable, for, out of 60 fractures of the middle fossa recorded in the post-mortem reports of this Hospital during the 10 years, 1877–1886, 40 involved the petrous. An explanation of this fact was given by Mr. Hilton, viz., that when a man falls from a great height on to his head, the shock communicated by the spinal column to the occipital condyles leads to the petrous bones on each side, and thus gives rise to a fracture involving these bones. This explanation is insufficient, as in the vast majority of cases the fracture starts from the point struck—*i.e.* from the vertex, in such a case as mentioned by Mr. Hilton, and but rarely involves the occipital condyles.

The third part of the subject discussed was, the value of the signs of fractured base, in which the frequency with which these signs are met with in fractures of different parts of the base was mentioned, and their fallacies pointod out.

Mr. SWAYNE congratulated the reader of the paper upon the interest with which he had clothed a subject, which was apparently dry and obscure. He attempted to explain the meaning of the term "fracture by contrecoup." He discussed the manner in which the pons and medulla are protected from injury.

Mr. RICKETTS said, that since the skull varied in density and thickness so much in its several parts, it was

quite impossible to verify the truth of any of the complex hypotheses which have been put forward. That propounded by Aran appeared to be the most satisfactory, since the experiments which he had made were, under conditions, similar to those present in nature. Owing to the rigidity of the base of the skull, there is a much greater tendency for a facture to extend through it than along the elastic vault.

Mr. WEBBER suggested that some of the vibrations through the intra-cranial contents, and supported his arguments by a case quoted in Erichsen.

A Clinical case was shown to the meeting, which adjourned after the usual vote of thanks to the reader of the paper.

GUY'S HOSPITAL LONDON UNIVERSITY CLUB.

A General Meeting of this club was held in the Governors' Court Room, by favour of the Treasurer, on Wednesday, 30th ult., Dr. Pavy in the chair. Some fifty gentlemen attended, amongst whom were Doctors Stevenson, F. Taylor, Horrocks, and Eastes.

Dr. Shaw, one of the Secretaries of the Provisional Committee, read letters from Drs. Pye-Smith and Wooldridge, and from Mr. Durham and Mr. Howse, regretting their absence, and expressing sympathy with the objects of the club.

Dr. Hale White read the report of the Provisional Committee, which was received, and its items then discussed, *seriatim*, some few alterations and additions being made to the rules. The amended rules and the list of officers for the year being finally agreed to, Mr. Burghard moved a vote of thanks to the Provisional Committee, which was carried, and Dr. Eastes moved a vote of thanks to Dr. Pavy for presiding, which was received with acclammation, and carried. Dr. Pavy, in replying, expressed his interest in the club, and his assurance of its utility. The meeting then closed.

A BIOGRAPHICAL HISTORY OF GUY'S HOSPITAL.

We are glad to learn that our former botanical lecturer, Mr. G. T. Bettany, M.A., B.Sc., F.L.S., is proposing to write a fuller biography of Thomas Guy, our founder, than has yet been written, and to combine with it in one volume a history of Guy's Hospital and biographical accounts of the notable men and celebrated discoverers who have been members of the staff, excluding for obvious reasons the names of living men. No doubt such a work will supply a distinct want. Many a Guy's man has wished for such a book, and it would give a visible form to our history and serve as a link between successive generations, and a bond of union between Guy's men all the world over.

Mr. Bettany has already done considerable work in medical biography. His "Eminent Doctors," which included accounts of half-a-dozen great Guy's men, was described by the *Lancet* as "worthy of much praise and careful reading," by the *Spectator* "as deserving a welcome from all readers, and by Mr. Sala, in the "Echoes of the Week," as "delightful." Since then he has written the biographies of Sir Astley Cooper and other Guy's men for the great "Dictionary of National Biography" edited by Mr. Leslie Stephen, and has others in hand, including that of Thomas Guy. It is therefore appropriate that a history of Guy's should be undertaken by Mr. Bettany, an old student and prizeman of the hospital, and it is with great pleasure that we learn that the Treasurer of Guy's has placed the records of the Hospital at Mr. Bettany's disposal for literary research, that Dr. Wilks, Dr. Steele, Dr. Rendle, and other well known authorities have promised every assistance in the work. Thus we may confidently expect a handsome contribution to biographical literature, as well as one which will do much for the hospital and medical school, now at so important a juncture of its career. The names of Astley Cooper, Key, Poland, and Hilton in surgery; of Bright, Babington, Addison, Hodgkin, Golding-Bird, Hughes, Moxon, Fagge, and Mahomed among physicians; of Swaine Taylor and Hinton among specialists; as well as numerous others, are worthy of all honor and permanent record.

Of course such a work, not appealing specially to the public, must be published by subscription, and in fixing the subscription price at 10s. 6d. for an octavo volume of 450 to 500 pages it is hoped that a vast proportion of old and present Guy's men will become subscribers. The price will be raised after publication. At least 500 subscribers are needed, and we are glad to say that in several cases names of subscribers for two or three copies each have been already received. The number of illustrations it may be possible to give will depend partly upon the number of subscribers, and it is desirable that subscribers' names should be sent as soon as possible to Mr. Bettany, at 33, Oakhurst Grove, Dulwich, S.E. They will also be received by Mr. C. H. Wells, at the Medical Office.

CONSTANTINOPLE.

BY A PATIENT.

There is, probably, no other city in the world which, when first seen, strikes the traveller with such an idea of magnificence as the City of Constantinople. Passing through the Golden Horn into the Bosphorus, the city, as seen from the decks of a steamer, appears in all its glory.

Its tall pinnacles of various colours and colossal mosques in sombre hues stand out clear and defined against the deep azure sky, the green sloping hills in the distance forming a fitting background to so beautiful a picture. Distance, however, lends enchantment to the view, for, as we draw closer towards the discharging berths and mooring buoys, we cannot but feel disappointed at the sight which meets our vision. Instead of the palaces of kings, which the many gilded pinnacles would lead us to expect, we find low, cramped, wooden houses, narrow streets, and squalid children in countless

numbers. The quays and wharves are thronged with men of all nationalities in their various picturesque costumes, which lend a holiday aspect to the scene, and gives it quite a lively appearance. As we get more into the heart of the city, however, the thoroughfares get much wider and houses more commodious, and some very handsome substantial buildings meet the eye. The city is fairly well provided with recreation grounds, where many a pleasant hour may be passed; and, during the heat of the mid-day sun, it is most refreshing and enjoyable to lounge in one of the number of cafés and take coffee, the like of which can only be had in Constantinople. The population of the city is about 450,000, and comprises many nationalities. Of these a goodly number are English, French, Greeks, and Maltese, who conduct the principal business of the place—the Turk, as a rule, being a lazy, indolent fellow, who prefers lounging about to work. Leather shoes, meerschaum pipes, and fancy articles seem to be the chief industries. To the stranger the numerous bazaars form an attractive sight. To see the Turk sitting at his stall, smoking his hookah, quite unconcerned, as if selling his goods was quite a secondary consideration with him; to observe the beautiful ornaments, the intricate lace work, the marvellous and highly decorated shoes and ladies' slippers, is quite a sight, and soon plays havoc with the tourist's purse.

After a day's sojourn in the city, one returns to the hotel, convinced, that though not such a path of roses as the beauty of the place at first sight suggested, yet one is well repaid for any trouble and expense incurred in seeing some of the sights of Constantinople.

In conclusion, I may remark that Miss. F. Nightingale's Hospital has now changed hands, and is now converted into Turkish barracks.

H. D. H.

Sport.

FOOTBALL.

OLD LEYSIANS v. GUY'S HOSPITAL.

This match, which took place at Hyde Farm, Balham, on Wednesday afternoon. Jan. 23, in very unfavourable weather, a thick fog covering the ground, ended in a victory for the Old Boys by three goals and one try to one goal. At twenty-five minutes past three Allport put the ball in motion for his side, and for some time nothing but scrimmages occurred, chiefly in mid-field. M'Arthur at last obtained possession and looked dangerous, when he was floored by Mitchell. Here Gould received, and passing to Broadbent, he, in his turn, throwing to M'Arthur, who was again tackled, Wallis relieving. Again several scrimmages took place, in the centre, from which Green made a determined run, but was well stopped by Wallis, who kicked to Bryant, he making fast headway, but was well met by Green, who obtained the ball and threw to Brooke, who was running at top speed when Mitchel cleverly threw him. the oval being returned to the "O. L.'s" quarters, and a splendid opening occurred for Brooke had H. M'Arthur passed to him, but he, however, stuck to the leather until tackled, nothing, therefore, resulting from a very favourable opportunity. The Guy's forwards now made tracks for their opponents' "twenty-five." F. Swayne attempting a drop at goal, which was fruitless. A splendid kick by W. S. Walker enabled the home side to assume the aggressive, and, but for some good play on the part of W. Mitchell, would have scored, he on one particular occasion stopping W. Green just on the goal-line. Again the leather was transferred to the opposite end. Oxley just managed to save his side from disaster, and, kicking well on to A. L. Brooke, enabled him to get away, and, dashing down the field, dodging all that attempted to frustrate his efforts, gained the first point during the progress of the game. J. H. Gould was entrusted with the kick at goal, which he successfully placed. Nothing of importance occurred prior to changing ends, the score being one goal in favour of Old Leysians. Immediately after re-starting, J. H. Bettington ran in the Old Boys' "twenty-five," but was neatly stopped by A. L. Brooke, the ball being sent to mid-field. J. Bryant receiving, again threatened to return, but passing to J. Bettington in bad style, muffed a good chance. This allowed H. Oxley to get possession. and making the best of it, ended in his going over the medico's line. Again Gould took the place-kick, which was very difficult, but failed to add a major point. Directly after recommencing, the conquerors made tracts in the Guy's division, giving their backs plenty of work. Several scrimmages took place, H. M'Arthur at last getting over the line, J. H. Gould succeeding with the kick, thus placing his side with a lead of two goals and one try. Encouraged by the shouts of their partisans, the Hospital team played determinedly, causing the Leysians' three-quarters some trouble, and to the delight of all, S. S. Wallis dashed by several, thus gaining a try, the kick, although rather difficult, was well taken by W. G. Mitchell with success. Fast play followed the kick off, and now the Medico's pressed a little, J. Bryant at last getting well into the Old Boys' "twenty-five," when being compelled to pass, which he did rather badly, and W. W. Greene, picking up smartly, passed to A. L. Brooke, who not only relieved his own goal but scored another try, which J. H. Gould easily converted. On the resumption of play the treasure kept in neutral ground, where several runs took place, in which J. H. Bryant and A. L. Brooke were very conspicuous. Very shortly afterwards "No side!" was called, with the result as above stated. A. L. Brooke, as usual, took a prominent part in the game, his runs on several occasions causing well-deserved applause, being well assisted by J. H. Gould, H. M'Arthur, H. Oxley, and A. H. Kay, while for the losers, W. G. Mitchell, S. S. Wallis, J. H. Bryant, F. G. Swayne, and J. J. Biggs played best. Umpires, Messrs. W. F. Smart (Guy's) and A. K. Gould

(Old Leysians); referee, Mr. A. G. Rowsell (Queen's). Teams—

OLD LEYSIANS.—W. E. Walker, (back), A. L. Brooke, W. W. Greene, and H. Oxley (three-quarter-backs), H. M'Arthur (capt.), and J. L. Jackson (half-backs), J. H. Gould, E. E. Whelpton, J. C. Isard, T. F. Chubb, E. A. Broadbent, A. H. Kay, J. Jarrold, J. D. C. Howden, and J. Beves.

GUY'S HOSPITAL.—T. H. B. Yorath (back), W. G. Mitchell, S. S. Wallis, and J. H. Bettington (three-quarter-backs), H. Cooper and J. H. Bryant (half-backs), A. Allport (capt.), F. G. Swayne, J. J. Bigg, N. Instone, H. B. Rygate, W. Bligh, H. Wilkes, C. M. Pilcher, and W. Layman.

GUY'S v. OLD MERCHANT TAYLORS.

Played at Willesden Green, on Saturday, Jan. 26, and ended in a draw, no points scored. The game was fairly even, except towards the latter end, the "O. M. T.'s" having then the best of the game. Guy's were without the services of F. G. Swayne, and W. G. Mitchell, who were playing for Richmond, and Steele, whose arm is not quite well enough for him to play. Had we these men playing the result of the match would have been very different. Allport won the toss, and elected to play down the hill. The ball was well returned and a scrim followed in our "twenty-five." Biggs relieved by a good dribble. Runs by Tuck and Wallis brought the ball into O. M. T.'s "twenty-five." Their forwards, however, forced it back to the half-way. From a pass by Bryant, Tuck transferred to Bettington, who ran into their "twenty-five," and being collared by two of the O. M. T.'s unfortunately injured his ankle and had to abandon the game. Layman, who had been playing for the O. M. T.'s, then changed over and played for his own side, another man having turned up for our opponents. The game was resumed with 14 on each side. Just before half-time Rogers should have passed to Wallis, who could have scored a certain try. Shortly after Wallis made an attempt to drop a goal, the ball, however, instead of going over the bar, rolled along the ground and went under it. Tuck then made a very good run and got over the line, however, the umpire decided it was not a try, as he fell against the corner flag. After half-time, the O. M. T.'s quickly rushed the ball into our "twenty-five" and kept it there for some time. Biggs, who was now playing three-quarter, relieved by a good drop into half-way. He played a most consistent game, saving, picking up the ball smartly, running and dropping in fine style. From a scrimmage after the line out, Gunnery received the ball and attempted to drop a goal, and shortly after was awarded a free kick for being collared by one of our men who was off-side. His attempt at goal was unsuccessful. Our forwards, after the kick out, rushed the ball into their "twenty-five," Rygate, Allport and Fawcett being conspicuous. "No side!" was then called, nothing having been scored. Tuck took his passes remarkably well, but does not feed his wings quick enough, driving them on to the touch-line before transferring. Allport, Fawcett, Rygate, Instone, and Pilcher played the best forward game. Biggs was a great success at three-quarer.

GUY'S.—T. B. Edwards (back), S. S. Wallis, J. Tuck, J. H. Bettington (threequarter-backs), W. G. Rogers, J. H. Bryant (half-backs), A. Allport, J. J. Biggs, J. Fawcett, N. Instone, H. B. Rygate, H Wilks, E. M. Pilcher, Layman, Sheringham. Referee, W. Smart.

Hospital News.

FORTHCOMING EVENTS.

Feb. 2. Meeting of Physical Society at 7.30 p.m. There will be a "Clinical Evening."
March appointment list opened.
,, 5. Last day for applying for H. P. and H.S.
,, 11. March appointment list closed.
,, 13. Preliminary scientific (M.B.) list published.

RESIDENTS ON DUTY DURING FEBRUARY, 1889.

House-Physicians.—H. E. Crook, M.B., B.S. Lond. (Senior); G. H. Pennell, M.R.C.S., L.R.C.P.

House-Surgeons.—A. H. Tubby, M.B., B.S. Lond., F.R.C.S. (Senior); G. Black, M.R.C.S., L.S.A.

Resident Obstetrics.—A. Parkin, M.B., B.S. Lond.; H. E. Cuff, M.B., B.S. Lond.

Dresser for the Week.—Feb. 6th, T. F. Ricketts; Feb. 13th, F. W. Hall; Feb. 20th, J. S. Richards; Feb. 27th, J. Robertson.

Ex-Dresser.—Feb. 6th, F. S. Wood; Feb. 13th, T. F. Ricketts; Feb. 20th, F. W. Hall; Feb. 27th, J. S. Richards.

Appointment.

CALDECOTT, Charles, M.B., B.S. Lond., M.R.C.S., has been appointed Junior Assistant Medical Officer to the Holloway Sanatorium Hospital for the Insane, Virginia Water, Surrey.

Birth.

RAKE.—On the 22nd ult., at Maraval, Trinidad, the wife of Beaven Rake, M.D. Lond., J.P., Medical Superintendent of the Trinidad Leper Asylum, of a son.

For the convenience of Guy's men, a list is kept in the Medical Office of qualified gentlemen who are desirons of purchasing Practices, Partnerships, or acting as Locum Tenens or Assistants. Short advertisments can be inserted in this column—price 6d each.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Subscribers who wish to have their Gazettes *for 1888 bound in one volume, should leave the numbers, with the Index published on January 19th, with the Librarian without delay. The cost of binding in the Hospital colours is one shilling and sixpence.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Guy's Hospital Gazette,

FEBRUARY 16, 1889.

OBSTRUCTIVE JAUNDICE — BILIARY CALCULUS — CHOLECYSTITIS — DILATED BILE DUCTS — ASCENDING SUPPURATIVE HEPATITIS—DEATH.

(Published by kind permission from Dr. Goodhart and Dr. Perry.)

Reported by H. Austen Smith.

(Concluded.)

Autopsy.—Very marked wasting. Conjunctivæ moderately jaundiced.

Lungs small, dry, and bloodless, rather emphysematous; in the left lung few patches of broncho-pneumonia, due most probably to some vomit having entered trachea.

Heart, 10 oz., healthy; vessels healthy.

Abdomen.—On opening this there was no sign of recent general peritonitis, but there was an old and tolerably firm adhesion between omentum and cæcum and between omentum and ant. abdominal wall. The gall bladder was adherent to the hepatic flexure of the colon and to the duodenum; the adhesions were moderately firm, and in breaking through them the gall bladder was ruptured, but this was due in some part to the walls of the gall bladder being evidently softened and easily lacerated. The liver was adherent to the diaphragm, and its edge projected about 1½ inches below the margins of the ribs. The distended gall bladder projected about ¾ of an inch below the liver edge. On the duodenum being opened and entrance of the common duct exposed, the papilla was prominent and bile could be easily squeezed out of the gall bladder into the intestine. Half an inch beyond the opening of the papilla was lodged in the common duct a round elongated gall stone, half an inch long, with a rough, nodular non-faceted surface. Beyond the stone the common cystic and hepatic ducts were dilated; the common duct would admit the tip of the fourth finger, but the smaller hepatic ducts did not seem much, if at all, dilated. Both ducts and gall bladder filled with dark green bile (2 ounces). No ulceration of mucus membrane of ducts or gall bladder, though the shallow depressions of the mucus membrane of the gall bladder, due to distension, and covered with green tenacious mucus, gave at first sight the impression of superficial ulceration. Portal and hepatic veins carefully examined, no pus in them. On section, the liver was bile stained, smooth on its surface except for adhesions, normal size. Throughout its substance, and particularly in the right lobe, were very numerous small abscesses, some as big as a large pea; they showed dark green centre, lighter zone around, and from them in many cases a drop of pus could be squeezed; they therefore appeared to be points of suppuration around the hepatic ducts—this supposition was confirmed by microscopical examination. Kidneys healthy. Intestines, patchy congestion.

In the Guy's Hospital Reports for 1883, Dr. Carrington, in a paper on "Multiple small abscesses of the Liver," says that all examples of this condition will probably fall under one of three heads, viz.:—

1. Cases in which no primary cause can be ascertained.

2. Those in which there is some source of infection in the distribution of the radicles of the portal vein.

3. Those in which there is some persistent obstruction to the outflow of bile.

The case in question may be said to be a very typical example under the third head.

Dr. Carrington mentions thirteen cases of multiple abscess, ten of which were due to pylephlebitis, while the remaining three all resembled one another in being due to the prolonged obstruction to the outflow of bile, in two of which this was due to old inflammation about the gall bladder sequential to calculi, and in the third case to the blocking of the common duct by a single nodule of encephaloid cancer.

In the first of the three cases the left lobe of the liver was large and its lower half was a mass of small abscesses. Dr. Fagge, who made the autopsy, says, "I could not definitely make out the relations of the abscesses to the bile ducts, but from the way in which their channels appeared to branch, I came to the conclusion that they had probably arisen in dilated branches of the ducts enlarged out of proportion to those of the rest of the liver. This, I think, I have seen before to be the case when there has been obstruction to the outflow of the bile."

In the second case, there was extensive suppuration around the small ducts throughout the liver, but at the time of death the common bile duct, although containing a gall stone, was not obstructed. Dr. Goodhart, who made the autopsy, remarks "With regard to the course of events in this case, I must suppose that there had been originally some considerable obstruction by gall stone, sufficient to lead to dilatation of the ducts and suppuration, and that afterwards the obstruction had disappeared, so that the jaundice towards the end, and the death itself, were caused by the multiple hepatic abscesses."

In the third case the bile ducts were dilated, due to the obstruction, and there was suppuration round the small ducts.

In all these cases the portal vein and its branches were found to be quite free from pus and healthy.

In "Fagge's Medicine" there is mention of a local pyæmia attended with the formation of abscesses in the liver, set up by ulceration of the gall bladder, or biliary passages, caused by gall stones, and leading within two or three weeks to a fatal result.

The present case seems singularly analogous to the second case mentioned above, for the common duct was found at the time of death not to be completely obstructed, and from its rapid termination death would seem to be caused rather from the condition of the liver than from the obstruction to the flow of bile. There did not seem to be any dilatation of the smaller bile ducts in this case, but this might be accounted for by the short duration of the present case, only lasting twenty-one days from the first onset, as compared with the between two and three months duration of the above case.

As regards the most constant symptoms in the thirteen cases mentioned, in comparison with the present case, they are:—In all the cases wasting was prominent, the patient looking extremely ill; a deep apathy was frequently noticed; the abdomen was generally distended; in a few cases there was local peritonitis about the liver; the liver was enlarged more or less in every case; there was abdominal pain and tenderness, especially in the hepatic region, in all but one case; tongue dry, brown, or furred; vomiting present in half the cases; in half there was constipation and in half diarrhœa; rigors more absent than present; jaundice present in a third of the cases, but present in all the three cases mentioned above; pyrexia in almost all the cases; pulse quickened; respiration slightly quickened.

Dr. Carrington further adds that it is important to bear in mind that acute yellow atrophy of the liver may be accompanied by pyrexia, although

in most cases the temperature is normal or subnormal. Such a case, therefore, might be confounded with the conditions present above; indeed acute yellow atrophy was discussed as regards the present case during life, but was negatived by the absence of leucin and tyrosin crystals, and the presence of slight excess of urea. H. A. S.

CARCINOMA OF THE STOMACH.

By E. C. Kingsford,
Junior House-Surgeon, Bolton Infirmary.

(Concluded.)

Case II.

Sarah R., æt 68, was admitted to the Bolton Infirmary, November 27th, 1888, under the care of Mr. G. Patrick, suffering from anasarca and some chest trouble. She was of Irish extraction and had been a widow for 17 years, none of her 7 children reached adult age, was said to have enjoyed very good health and to have always been temperate in her living. She had suffered from bronchitis for about 2 years, and the dropsy had first been noticed 3 months back.

On Admission there was great œdema of the thighs, legs and feet, and of the abdominal and chest walls, there was not much ascites, if any, and the liver was not enlarged. The face was very much shrunken, but patient did not complain of any pain, the upper extremeties were thin and without any œdema. No cardiac bruit, heart sounds feeble, respiratory murmur almost inaudible on the right side, and a few small crepitations were heard at the base, there was but a slight cough. Appetite poor, tongue clean, bowels constipated, urine passed involuntary Sp. G. 1026, loaded with urates, no albumin or casts. No history of vomiting or hœmatemisis. She was kept quiet in bed and fed on light nourishing food and mild stimulants. In a day or two her arms and hands became œdematous and she vomited once or twice, but this stopped under treatment by an effervescing mixture containing hydrocyanic acid. On December 3rd there was less anasarca, but her face was slightly œdematous, she was troubled on this day and the two following by slight pyrosis, but it did not last, was then taking her food well and talking about going out.

Her general health varied from day to day, but there was no more vomiting and no epigastric pain. On the 18th she seemed to feel the cold very much, her urine was strongly alkaline and loaded with phosphates. From this time she became rapidly weaker and rambled a good deal night and day till her death on December 23rd.

At the Autopsy a large cancerous growth was found involving nearly the whole of the lesser curvature of the stomach, from the cardiac orifice almost to the pylorus, and the greater part of the anterior wall, it was soft and nodular in structure, and had ulcerated or became digested in places, the fundus, œsophagus, and duodenum were quite free, and the mucous membrane of the unaffected portions of the stomach appeared perfectly normal. There were no secondary growths in the body, but the chain of lumbar glands was enlarged and indurated; the peritoneal surface of the stomach was not affected and there were no adhesions.

All the abdominal viscera were small and fibrous, the weights being—Liver, 34 ounces; Kidneys, $7\frac{1}{4}$ ounces; Spleen, $1\frac{1}{4}$ ounces. The heart too, was small, $7\frac{3}{4}$ ounces, and its valves were healthy. The lungs were adherent from old pleurisy and there was fluid on the right side and an old tubercular patch at the right apex. The abdomen contained several pints of clear ascitic fluid with a few floculi of lymph.

That there wereno secondary deposits in either of these cases is probably due to the rapid course of the disease. But why there was no persistent vomiting, and why there was no epigastric pain, is perhaps beyond our ken. There was great emaciation in both cases, although it was more or less masked by the anasarca, and in one of them at least it was quite impossible to learn anything by abdominal palpation on account of the œdema and by tympanitis in the early stage, and of the accumulation of ascitic fluid later on,

SUFFOCATION OF A DIVER — THE HOWARD METHOD—VENESECTION —RECOVERY.

William —, æt. 26, came under my notice while on a visit to Australia. Patient, the son of a diver, was fulfilling the office of his father off the pier at Sandridge—he had previously put on the diving-dress three times and suffered from epistaxis. The young man enjoyed good health heretofore, and there was no history to prove that he had suffered from any serious illness—he was temperate. There was no family history of heredity, but his father was an alcoholic individual. He was the only child born to his parents. I was called to the patient suddenly, supposed to be a case of drowning; on arriving, a new diving-dress had just been removed and the patient was lying on the pier on his back apparently dead. The man at the pump informed me that the gear had worked all right during the operations, but he (the patient) was not sending air to the surface, and did not reply to the signal of the rope—the diver was drawn up in a moribund cyanotic-state. On examination of the dress, for it was a new one, the anterior and posterior valves of the shoulder-piece were intact, and there was no presence of mud; the head-piece and dress itself shewed no accidents. As the mob was very large, and among them hysterical women, I had to take the bull by the horns and accept the statements made that it was a case of drowning. Everything was done and thought of for a case of drowning, viz:—extemporising a pillow to lay the patient across, pulling out the tongue with forceps, and satisfying oneself that there was no fluid in the chest that might escape by proper means—the thorax was prepared for the Howard method by drawing the arms up straight above the head, the hands being held together by an assistant. A number of blankets were at hand, and some ginger-beer and wine bottles were filled with hot water and placed next the patient.

Respiration had ceased and the pulse was very quick, running, and almost imperceptible —the patient in extremis. The convexity of the supine position was assured, and the Howard method adopted in toto, with an assistant at the tongue. Failing this after 30 minutes, the pulse perhaps a little improved, the operation par excellence of the College "Venesection" saved the patient's life.

About 20 ozs. of blood were taken from a vein in the lozenge-shaped space at the bend of the the arm. The black blood spurted out almost like that from an artery. No sooner had this began to flow when facial movements were noticed, and, in less than 15 minutes the patient was breathing assisted artificially; he was conveyed home on a stretcher and placed in a darkened room. No one was to see him but his mother, and he was only to take a little water till I saw him in two hours time. Next visit he vocalized as he had done when he was being conveyed on the stretcher. Milk diet solely, and in very small quantities, was ordered. Next day, patient had taken milk badly, he was dull and did not comprehend anything; later on in the day could only just distinguish light from darkness, had passed a good deal of venous blood in stool.

The ophthalmoscope revealed numerous large-size hæmorrhages in both retinæ and the patient's limbs were abraded in many places. The following day he was more sensible and says he does not remember anything previous to diving or since; complains of much soreness in all his limbs and thanks all for their kindness—says his eye sight's gone, can just distinguish a lighted match. The room is kept perfectly dark.

Subsequently the case gradually improved, and blood, to be recognised as such, has only passed the once—the motions were dark for a little time, but there were never any chest symptoms. A pair of dark blue spectacles were ordered as the patient was quite intolerant of light.

On the ophthalmoscopic examinations the hæmorrhages had lessened, but the optic discs were pale. Finally, after three weeks, patient was walking about quite well with the use of glasses which he dispensed with a week later.

The patient, I hear from occasionally and he is now married; eye sight perfect, but he has given up the calling of a "Diver."

Remarks.—This case is instructive:—

1. It was not a case of drowning but of carbonic acid suffocation.

2. The usefulness of Venesection in cases to which it is applicable.

3. The clearing up of the numerous retinal hæmorrhages.

N.B.—The immediate cause of the cyanosis was no doubt the fact that perhaps the patient was frightened by a shark or some other sea serpent, while grovelling beneath the pier for a large iron bottle of mercury; he fainted, and falling into a mud hole close to a pile, the anterior or exit valve became clogged or covered with mud, and that he was brought up suffocated. The mud was probably washed off the valve as he was being drawn up. There was no presence of epistaxis. The diver of Hobson's Bay, Melbourne, when this incident occurred, informs me that he sufiers with head symptoms and epistaxis occasionally. It seem to me that alcohol should be eschewed by "Divers."

Feb. 9th, 1889. J. F. BRISCOE, Old Guyite.

SKETCHES OF STREET QUACKS AND THEIR PRACTICE.

One of the cheap amusements about town, which I always avail myself of when out for an evening stroll, consists in watching the operations of those nomads or irregulars of the healing art who may be seen taking up their positions in the streets on marketing nights. Like their respectable brethren they prefer the corner of two streets as an eligible site. They differ greatly in the way they tackle their customers; some brandish their pill boxes and bottles aloft and eagerly hand their remedies to the crowd in return for coppers. Others play a deeper game; make out that their only aim is to relieve fellow sufferers; they have discovered a remedy which regular doctors will not employ as their patients would be too quickly cured. In these cases the filthy lucre part of the business is carried on by an elderly female in rusty black, whose red nose shows the use to which some of the fees are put. The stock-in-trade varies but little. A gig on which the people's physician stands and delivers his oration, a screen behind him on which are generally several anatomical diagrams illuminated by a flaring syphon paraffin lamp, a box behind the seat which contains samples of the remedy, often declared, when the practice dwindles, to be the last half-dozen, whilst occasionally on a shelf in front may be seen a fœtal skull or a bottle full of tape worms. The old lady before mentioned is always there to hand out the remedies or to help the professor in his demonstrations. There are one or two hints which I collected which may prove useful to those about to enter this lucrative branch of the profession which can trace its descent in direct line from those glorious old fellows, who may still be seen in pictures dressed in velvet, surrounded with crucibles, alembics, retorts, stuffed alligators hanging from the ceiling with branches of herbs, toads, newts and adders, illuminated by a feeble light. The young man who has brought his master's urine in a large flask, which the apothecary is holding up to the light to examine, evidently wishes himself safely out of the den, and would'nt be at all surprised if the lamp suddenly burnt blue, and the black cat and owl, perched on the back of their master's chair, revealing themselves suddenly as the arch fiend and his dam, should seize on him and consign him to one of the dark corners of the vault from which the skeleton grins. Such were their ancestors who, in moments not devoted to the compounding of love philters, charms, and images of enemies for receiving pins, searched for the philosopher's stone, and lucky were they if at last they were allowed a plot in a churchyard with a headstone which might appropriately have been labled, "This is the true Philosopher's Stone." But I am afraid I have been wandering. To return to the tips; one is, have perfect faith in the drugs you recommend. Thus, if you are extolling the virtues of a lotion which is to make all warts, corns and blemishes shrivel and fall off, always end your discourse by swallowing half a bottle to show that it is not poisonous. If anyone in the crowd asks whether its good for a disease you hav'nt mentioned, amend your discourse by immediately narrating two or three cases which it has cured; one in which the celebrated Edinboro' *physiogolist*, Sir James Simpson, refused to try my remedy. He lost his patient who came to me and was cured by one of these little bottles I 'old in my 'and. One of the most successful men I have met with looked like Dr. Firmin in reduced circumstances; he always began something in this style. "Ladies and gentlemen I am one of yourselves. My father, a poor man, deprived himself of almost the necessaries of life that I might study to be a doctor. I have been one of them and I can assure you that they are a mass of humbugs. Professional jealousy has driven me from its ranks (it

always struck me that the reason, which he never exactly mentioned, was probably some theoretical difference about the cases suitable for the premature induction of labour), and now I have only you to depend upon for an honest living. Poverty has taken the rings from off these fingers (displaying his white and well-shaped hands), but it cannot steal the intelligence which is stored here (tapping his forehead significantly with his forefinger). I do not boast of being able to cure miningatis, sclerosmy, pericardectis, ichytosis, pachyneurastetanos, or any pack of nonsensical names with which medical men of the present day try to cloak their ignorance of the many simple diseases which flesh is heir to. But I do say this, a cough or a cold, a corn or bunion or a pain in the side, dizzyness, giddiness, night sweats, bad dreams, and all the disorders which arise from gravel or disease of the liver, these my remedy will infallibly cure. Those who fail to obtain relief, and I may say I have never met any, can have their money back by applying here any Saturday evening." I came across him several times but never in the same neighbourhood, which may give some truth to his statement about unrelieved patients.

Another gentleman practitioner unwittingly enforces the maxim of never omitting an opportunity of running your rivals down. He was evidently an opponent of chemists indulging in cross-counter consultation. "Don't you go to a chymists, feller citizens! Come to me, come to a properly qualified medical man. Has it ever struck you what's the meaning of them red and green bottles they put in their winders. Green means caution, and red means danger feller citizens. Don't you go to a chymists," and so on. I left at this point, as some of his remarks had raised a sceptical smile on my face, and as he seemed to have his eye on me, I thought I had better shift before he had a chance of holding me up to the ridicule of the crowd.

Another, by his practice, enforced the maxim of letting the public see your successful cases. When I came upon the scene, he had a respectable old woman on the gig seated facing him, and who was evidently so deaf that she couldn't answer any of the questions he roared in her ear. "Now, friends," he said, turning to the crowd, "I expect you all of you have found out by this time as this old lady is stone deaf. Now, if you watches my proceedings you'll see me restore her hearing, the loss of which, as she looks a gossiping sort of old party, I've no doubt she feels werry much." He thereupon dipped the red head of a match in his bottle of lotion, and thoroughly lubricated her meatus on each side with it; then, taking off her bonnet, he rubbed and shook her head well between his hands, and finally made her gargle and drink the rest of the bottle. The crowd had considerably swelled during these proceedings, and now looked on with amusement and interest as he squatted the old lady with her back turned towards him, and showed that she could answer all questions even when whispered. I saw no more of his demonstrations, for I was intent on having an interview with the old lady, whose direction through the crowd I watched after she had been helped down off the gig. After dodging round the outskirts of the audience, I came upon her at the moment when another lady, evidently a friend, much to the fair patient's confession as shown by her blushes, and to the interruption of her purpose as shown by the conjugate deviation of her eyes in the direction of the neighbouring gin palace, laid her hand on her shoulder and said in tones of amazement, "Why, Mrs. Smith, surely you never was deaf!"

And now, kind reader, let me explain why I have so suddenly come to a stop, and, secondly, why these experiences have been thought fit to be brought under your indulgent eyes. The first question may be easily answered in the words of Tom Sawyer, when he broke down on the third line of the hymn he had to recite to his sister Mary before he went on that memorable morning to the Sunday School to surprise them all by taking the prize bible with his tickets of many colour, and dismay them by his painfully inadequate knowledge concerning the favourite Apostles. "I don't know no more," said Tom, looking sulkily at his sister, and I am compelled to echo his statement. As to the second reason, let there be no mistake.

These are not jottings made in the rare intervals of a long and laborious life, nor are they hasty notes by the camp-fire and river-side of the experiences of a gallant young explorer in lands hitherto untrodden by civilized men, collected and now for the first time published by his sister in memory of her dear brother, whose promising career has been alas cut short, nor am I indebted to the editors of *Time* and the *Fortnightly Review* for their kindness in allowing me to re-publish these experiences which first saw the light in the pages of their periodicals. I may confess that in a moment of exalted ambition I did send them to the *Daily Telegraph* on the off chance of "one of the crowd" being indisposed or away at Margate, but I heard no more of them. Nor have I to apologise for the delay in issuing a second edition, after I had been gratified by the speedy sale of the first, owing to so much new matter having to be interpolated. Nor am I indebted to the facile brush of Mr. Sichel for the illustrations which accompany the text. Neither am I responsible for the italics unless expressly stated to the contrary; if there are any its mere playfulness on the part of the printer. Nor am I indebted to Mr. Brown and many other friends, who, but for their letters, would have been unknown to me, for valuable suggestions which I here take the opportunity of thanking them for. Nor, again, are my thanks due to Messrs. Crook & Wells for their invaluable kindness in revising the proof-sheets and seeing them through the press. It is, however, true that were it not for the insistance of some friends of mine, whose kindness probably exceeds their wisdom, these sheets would never have seen the light. The fact is that there were three columns of the GAZETTE to be filled by hook or by Crook before it could go to press, and as the latter had exhausted all the material at hand, including "Rest and Pain," they all fell upon me and bullied

THE LOAFER.

Passim.

Although, as we have already intimated, subscriptions have come in very well this year, still, a few more would be very desirable; but, in face of the following letter, which we have received this week, we go about in fear and trembling lest, haply, we may have deprived numerous infants of their means of sustenance; we certainly hope this is not the case, as we have no wish to be continually followed by an angry army of young hopefuls crying about our ears.

February 4th, 1889.

Gentlemen,—Seven children and a heap of unpaid bills prevent me the pleasure I should otherwise have of subscribing to the Guy's Gazette. If there is a benevolent fund attached from which £100 could be extracted to help a struggling G.P., it would be well employed in the direction of.—Yours fraternally,

TENE FORTITER.

To the Editors Guy's Gazette.

On the last night of January, beneath a superficial veneering of frivolity, there ran a dark and dismal feeling of great lamentation and woe; for that evening, ever to be remembered with sorrow, was the last time our robust old friend Mr. E. Moss occupied the chair of Senior Resident Obstetric; at the close of the evening Mr. Moss responded to the toast of his health in terms of eloquence which will be long remembered by all who were fortunate enough to hear them.

We are pleased to hear that, in accordance with the unanimous wish of the Residents, a Photograph of Dr. A. E. Price (our late H. S.), is to be hung in the Dressers' Rooms, as a slight token of the great esteem with which he is regarded by everyone.

Our readers will be glad to hear that Mr. G. H. Pennell has been appointed House Surgeon to the Evelina Hospital. We congratulate Mr. Pennell on the success of his candidature.

All who know Mr. A. E. Norburn will rejoice to hear that he has gained the Gurney Hoare Prize for Clinical Reports. No congratulations that Mr. Norburn may receive can be more hearty than those we now offer.

Those of our Readers who read the list of Recent Appointments in the *Lancet*, will notice with pleasure the following:—J. Ernest Nevins, M.B. Lond., M.R.C.S., has been appointed Physician to His Highness the Gaechwar of Baroda.

At the last Examination, held at Netley, for the Indian Medical Service, Mr. S. E. Prall, M.B., B.S. Lond., was placed fourth on the list with a total of 5,248 marks. Mr. Prall sails for India on Tuesday, the 26th inst.; he carries with him every good wish from his friends at Guy's.

We wish to call the attention of our Readers to a notice (printed in another column) issued by the Registrar of the University of London, concerning the Matriculation Examination; and also to one issued by the Conjoint Board, referring to the revised Schedule of Drugs for Part II. of the First Examination.

Football was off on Monday last, but Snowball was very decidedly on, and the Policeman's lot (in Newcomen Street at least) was not a happy one. The fine old tradition received due honour at Guy's throughout the day, and an excursion from the Medical Wards to the front gate was an arduous affair for non-combatants. It was at the back gate, however, that interest chiefly centred, because there the majesty of the law was certain to intervene. Every bullet has its billet, and every snowball should have its Policeman. One or two had their Policemen very beautifully on Monday. We are compelled to chronicle, that even the staid and sober residents had their fling, and round about Clinical was, at times, a very hot corner indeed.

THE careful observer will note that the institution of Prizes has already had its effect in the dissecting-room, and that there is, in some quarters, an attention to detail unknown before. Nevertheless, a good many men seem still in ignorance about the Prizes, and such we would remind that a periodic inspection is now made for the purpose of awarding marks for the quality of work done.

THOMAS GUY & GUY'S HOSPITAL, AND HOW HE CAME TO FOUND IT.

It came out of his intimate connection with Saint Thomas's Hospital, and of his most compassionate disposition towards the sorely troubled people he saw there needing help. The daily intercourse with the sick in hospitals is apt to blunt the feelings and make us cold towards them,—here this princely man reads some of us a lesson, sorely necessary in *my* earliest hospital days—we *were* rough then.

I think it was in 1704 that "a green staff was sent to Thomas Guy desiring him to accept the office of Governor of St. Thomas's Hospital," and very soon he gave evidence of his charitable feeling for the poor sick people. In 1708 he, among others, made very liberal subscriptions; he had, moreover, lately erected three new wards, "and is now pleased to declare that he will give £100 a year" for the benefit of the poor: he had observed that many of them had not, when discharged, recovered sufficiently to enable them as yet to face their daily work,—the £100 a year was to help in such cases. His hospital, when built, was, so to speak, to be mainly a convalescent one.

In 1721, also in the minutes of meetings of the Governors of St. Thomas's, this warm acknowledgment appears:—"Our worthy Governor and Benefactor, Thomas Guy, Esq., intending to found and erect an Hospital for Incurables within the close of this Hospital in the Parish of St. Thomas, 'we have agreed to grant a lease to him or to such person or persons as he shall appoint, of several parcels of ground within the close of the Hospital for 1000 years, at an annual rent of £30 tax free.'"

It was a rule of St. Thomas's not to admit cases obviously incurable, and not to keep any longer than could be helped. But although Thomas Guy's idea of incurables meant cases in which there was perhaps small hopes of cure, or those which required only a longer time for cure, he yet named his new foundation the "Hospital for Incurables"—it is so put in an inscription in front of the hospital in some early prints. It is clear that the founder meant to provide, that the help which he had observed so much needed and not supplied at St. Thomas's and other hospitals, should be especially provided for at Guy's Hospital.

The great and most munificent physician, Dr. Mead, was with him in this most charitable project, and indeed counselled the foundation of such an institution. It is said in the Life of Mead, that he declined the highly honourable position of President because so little attention was paid to what appeared the paramount intent of the foundation. Although no doubt great latitude was given to the Governors in this matter, it must yet be said, that sufficient deference to the founder and to Dr Mead was more or less wanting. Possibly it is all for the best as it is; the wisest cannot always foresee the inevitable drifting changes; and I have observed the wise latitude now given in cases requiring time.

From Thomas Guy's manifold acts of kindness shown to languishing half-recovered people, there is no question but that his heart was, so to speak, torn when he contemplated their trouble.

I do not wonder that the simple registrar of the Deadman's Place burying ground, by "Barclay's," should have made a saint of Thomas Guy,—"1758, buried Mrs. Draper from Saint Guy's Hospital" is the entry I refer to. And this was the man some people, with almost unparalleled meanness, accused of miserly meanness!

A STUDENT OF GUY'S, 1830.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

SIR,—Intending to go in for the Examination for the D. P. H., I went to the Examination Hall to get the papers and any other information I could. In answer to my inquiries, I was told that great stress was placed on the practical work, especially the analysis of air, water, &c., and that this was the point on which many failed to satisfy the Examiners.

The volume of air given is not so great as to allow of any waste; and in that case I do not see how one can very well rely on learning the process from books alone. A few Lectures, more particularly dealing with the practical work for this Examination, would simplify perhaps one of the hardest parts. The next Examination is in June, and if we are to have any of these subjects taught at Guy's, there certainly is not much time to be lost.—Yours, sincerely, T. H.

To the Editor of GUY'S HOSPITAL GAZETTE.

SIR,—As earthquakes are, fortunately, somewhat rare in this country, it may be of interest to your readers to learn some particulars of the one with which Lancashire was visited on the night of the 10th instant.

At 10.37 p.m., our room, which is in the middle of a block 100 yards long, and faces south, gave a perceptible lurch towards the east; at the same time we heard a dull noise such as would be produced by a heavy fall of snow from the roof (it was morning and freezing at the time); and we both, my colleague and I, experienced a

momentary uncomfortable sensation at the epigastrium similar to that felt in the premonitory stage of sea sickness. Whether this was due to actual motion or to instinctive fear, it would be difficult to determine; it is certain, however, that it took us some considerable time to regain our normal state of equilibrium. Our windows did not rattle, but all those looking west and east were violently shaken, as were the wards running north and south, so that it seems evident that the wave of disturbance took a direction more or less from west to east. The shock did not last more than two or three seconds at the outside, and was of sufficient intensity to awaken many persons from their first sleep.

It is worth noting, that a few days previously we were visited by a driving snow storm, accompanied by thunder and lightning, and, on the evening of the same day, by a good display of "summer" lightning to the south of us.
—I am, &c., G. C. KINGSFORD.

NOTICES.

UNIVERSITY OF LONDON.—MATRICULATION EXAMINATION.

Notice is hereby given, that the June Matriculation Examination will, in the present and subsequent years, begin on the Second Monday in June, instead of on the Third Monday as heretofore. Also, that henceforth a Classified Pass-List will be published at 2 o'clock on Wednesday in the Fifth Week after the Examination, and that no other form of List will be issued.

ARTHUR MILMAN, Registrar.

February 1st, 1889.

CONJOINT BOARD.—FIRST EXAMINATION.

PART II.—MATERIA MEDICA AND PHARMACY.

Notice is hereby given, that the Schedule of Drugs relating to the Examination in Materia Medica and Pharmacy has been recently revised by the Examining Board in England, and that on and after the 1st October, 1889, such revised Schedule of Drugs will be used by the Examiners at the Examination of all Candidates in Materia Medica and Pharmacy.

The revised Schedule of Drugs may be obtained on application to the Secretary, Examination Hall, Victoria Embankment, London, W.C.

FREDERIC G. HALLETT, Secretary.

9th January, 1889.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At a comitia of the College on the 31st ult., Sir Andrew Clark, Bart., President, in the chair,

John Wychenford Washbourn, M.D. Lond., was admitted a Member of the College.

ACCOUNT OF SIXTY-NINE CASES OF CANCER OF THE RECTUM, UNDER KÖNIG OF GOTTINGEN, DURING FOURTEEN YEARS.

Age—Majority were between 50 and 60. Sex—68 per cent. males. Description—3 colloid and melanotic; 2 squamous; the rest ordinary columnar epitheliomata. 57 were operated on, of whom 24 had the parietal lymphatic glands implicated. 13 of these showed, P.M., an imperfect removal of diseased parts. One had inguinal glands affected as well. König did not operate in cases in which the bladder and urethra were implicated, and in that in which the parietal glands were moderately affected. In two cases he simply removed parts of the skin bounding the anus; in 13 the Ext. Sphincter was partly or totally removed; in 39 the rectum resected, keeping anus and sphincters intact. In eight of the second group, and in 37 of the third, an incision was made along the raphe posteriorly, and the coccyx amputated (in 11 cases). In two cases an anterior incision was made as well. The peritoneum was wounded 15 times; 13 of which were treated by catgut sutures, 2 by drainage. Peritonitis followed twice. Besides these, the bladder was injured once, the urethra twice, and the prostrate and vesiculæ seminales once each. Mortality (from operation ?) 20, 10 of which due to septic causes being 30 per cent. of those (10) operated on in first six years, and only 15 per cent. of those in the last six years. No recurrence in 6 out of 39 kept under observation for two years, nor in 3 out of 31 observed for three years. Recurrence was noticed early in most of the cases in which it occurred, even in those that lasted on for 3—4½ years. In 21 cases notes were taken as to functional disturbances; 17 of these were resections, in which the sphincter was kept intact, and 4 were cases of extirpation of the rectum. In the latter, stenosis was observed once, and incontinence three times; in the former, incontinence invariably set in. Colotomy was performed 21 times.

EXTRACTS FROM ARISTOTLE'S BOOK OF PROBLEMS CONCERNING THE STATE OF MAN'S BODY.

Q. Why are the heads of men hairy?

A. Because the brain is purged of gross humours by the growing of the hair. The brain is purged in three different ways: of superfluous watery humours by the eyes; of choler by the nose; and of phlegm by the hair. This is the opinion of the best physicians

Q. Why have men longer hair on their heads than any other living creatures?

A. Arist. de Generat. Anim. says that men have the moistest brains of all living creatures, which is converted into long hair of the head.

Q. Why have some men curled hair and some smooth?

A. Because of the superior degree of heat in some men, which makes the hair curl and grow upwards.

Q. Why have not women beards ?

A. Because they want heat ; which is the case with some effeminate men who are beardless from the same cause, and have complexions like women.

Q. Why is the hair of the beard thicker and grosser than elsewhere, and the more men are shaven the harder and thicker it groweth ?

A. Because by so much as the humours or Vapours of any liquid are dissolved and taken away, so much more doth the humour remaining draw to the same ; and, therefore, the more the hair is shaven the thicker the humours gather, which engenders the hair and cause it to wax hard.

Q. Why doth the hair stand on end when men are afraid ?

A. Because in the time of fear the heat doth go from the outward parts of the body into the inward to help the heart, and so the pores in which the hair is fastened are shut up ; after which stopping and shutting up of the pores, the standing up of the hair doth follow.

Q. Why is the head not absolutely long but somewhat round ?

A. To the end that the three creeks and cells of the brain might be the better distinguished ; that is, the fancy in the forehead, the discoursing or reasonable part in the middle, and memory in the undermost part.

Q. Why doth a man lift up his head towards the heavens when he doth imagine ?

A. Because the imagination is the fore part of the head or brain, and therefore it lifteth up itself, that the creeks or cells of the imagination may be opened, and that the spirit which help the imagination, and are fit for that purpose, having their concourse thither, may help the imagination.

Q. Why doth a man when he museth or thinketh of things past look towards the earth ?

A. Because the cell or creek which is behind is the creek or chamber of the memory ; and, therefore, that looketh towards the heavens when the head is bowed down, and so the cell is open, to the end that the spirit, which perfect the memory, should enter in.

Q. Why is the head subject to aches and griefs ?

A. By reason of the evil humours, which proceed from the stomach, ascend up to the head and disturb the brain, and so cause pain in the head ; sometimes it proceeds from over-much filling of the stomach, because two great sinews pass from the brain to the mouth of the stomach. and, therefore these two parts do always suffer grief together.

Q. Why have you one nose and two eyes ?

A. Because light is more necessary for us than smelling ; and, therefore, it doth proceed from the goodness of Nature, that we receive any loss or hurt of one eye, the other may remain.

THE UNIVERSITY OF JAPAN.

We have received the calendar of the Japan University for the current year, and it may interest our readers to hear something of medical matters in Japan. It appears that the Medical School arose in connection with an Army Hospital about 1869, and this was amalgamated with the department of Law, Science, and Literature in 1876, these forming the Tokgo University. This was further enlarged by the addition of other departments in 1886, and is now known as the Teikoku Daigaku or Imperial University, of which His Excellency Hiromoto Watanabe is the president. The Professors are, with very few exceptions, Japanese by birth, but in some instances they have obtained their degrees from foreign Universities – German, French, British, or American. This is specially true of the Law and Science departments ; but Medicine, on the other hand, supplies its own Professors. The course of instruction in medicine extends over a period of four years, and the arrangement of subjects in the various years does not materially differ from that in our own country. No mention is made of preliminary examinations, but one final examination is held at the end of the curriculum, and lasts from Sept. 11—March 31. This somewhat lengthy period, which puts the Burlington M.B. and B.S. quite into the shade, is well occupied by the three sections, anatomy, surgery and medicine ; but the actual duration of the examination for each candidate amounts to twenty-five working days. Some of the subjects in the examination are dealt with in an entirely thorough and practical manner, as will be seen from the following :—

"Each candidate in Pathological Anatomy is examined in the practical autopsy of at least one cavity of the body."

"Each candidate in Clinical Surgery or Medicine is required to treat one or two patients during a period of one week under the supervision of the examining committee."

Having successfully passed in the section of Anatomy, the candidate is informed that he must be ready to undergo the examinations in the following section (Surgery) at the end of one week, and so on with regard to Medicine. This method is quite the reverse of our present piece-meal policy, and it would be interesting to hear what is the ultimate result from an educational point of view.

Turning to the general regulations of the University, we find that there are no less than 180 scholarships offered in the various departments. There is also a series of Loan Scholarships, which are awarded to students who show themselves proficient in scholastic attainments, but who have not sufficient private means to meet the College expenses. The holders of these scholarships are bound to devote themselves, after graduation to certain prescribed occupations, and the money is then paid back by instalments.

The recreation ground is well provided with all the requisites for out-door sport, and the students receive

training in swimming, boating, &c. Athletic sports and regattas are held in the appropriate seasons.

The Science College possesses an astronomical and seismological observatory, a botanical garden, and a marine biological station. The seismological observatory is fitted with the most approved instruments whereby "it is possible to measure earth movements of different grades of magnitude, ranging from microscopical tremors almost to destructive earthquakes." The results of these elaborate investigations will no doubt soon enable the Professors to issue seismological forecasts, particularly when microscopical tremors are anticipated, to the saving of much life and property. An endemic disease, Kakké or Ben-ben, a kind of peripheral neuritis associated with dropsy, is receiving scientific attention at the University, and a special ward has been opened for patients so affected.

NEW COMMERCIAL PLANTS & DRUGS.

No. II.

By T. CHRISTY, F.L.S., M.S.C.I.. F.R.G.S., &c.

In the preface to the last issue of the above work, Mr. Christy deplores the lack of original research in this country. He says, "that it is rather disheartening that all our science work should be done in Continental Laboratories, and that the restraints put upon all classes of scientists in this country is responsible for the great paucity of English contributions to what is at the present time the most important advance of the age, viz., original research and reports on new products." Guy's, however, does not appear to be entirely behind in this matter, for there is published in extenso Dr. Hale White's report upon "The Treatment of Epilepsy by Simula," and also a formula given under the authority of Dr. Pavy, which contains Jambul, a drug which is said to have the power of reducing the amount of sugar and quantity of urine in Glycosuria.

There is no part of the world which Mr. Christy does not lay under contribution for new drugs. Among the latest are Vernonia Nigritiana or Batiator, the root of which in Senegal is credited with febrifugal, emetic, anti-hæmorrhoidal, and anti-dysenteric properties by the natures; and Boerhaava Diffusa from Ceylon, which is considered to be one of the best medicines in dropsy. There is a long report, showing the value of this remedy by W. A. Jayesingha, Surgeon to the Civil Hospital, Kurunagala, Ceylon. Lycopodium has not hitherto found a place in Materia Medica, but it appears that it possesses the power of quieting functionally irritable bladders A tincture is the preparation employed, and this is given in ʒf to ʒj doses.

Mr. Christy mentions the use of the root of Alisma Plantaga, or Water Plantain, in the treatment of Hydrophobia, which is thought to cure by its peculiar sedative power, relaxing the spasm.

It would be impossible, in the space allowed for this notice, to enumerate all the new drugs which Mr. Christy has introduced; some of them appear to be holding their ground, such as Salia Nigra, Jambul, Manaca and Pichi. This gentleman is to be admired for his energy and commercial enterprise, for to him we owe the important concessions which have been made by the Government to the allied trades of this country, so that damaged tea, instead of being destroyed, could be utilised for the manufacture of Caffeine; and also allowing a drawback on Medicinal Tinctures when exported, thus enabling our manufacturers to be on a footing with the Germans, and to compete with our continental opponents in our own colonies.

Sport.

FOOTBALL.

SURREY COUNTY CHALLENGE CUP.

GUY'S v. DORKING.

Last Saturday the Association team journeyed down to Dorking to contest the 3rd round of the Surrey Cup. They have unfortunately lost the servives of E. J. D. Mitchell. The weather was bright, a keen wind blowing from corner to corner of the ground, but notwithstanding this a very fair number of spectators had assembled to witness the match. The game throughout was fast, the Guy's team, as is usual on such occasions, showing to great advantage. Austen Smith won the toss and elected to play with the wind for the first half and the ball was started at 3.20. Guy's at once assumed the aggressive, the Dorking backs having all their work cut out to keep Guy's from scoring, a long shot by A. T. Brown being well saved by the Dorking goal keeper. A good continued run of the Dorking forwards took the ball close to the Hospital goal, but the shot was well saved by Hazell. Guy's continued to press and at length A. T. Brown sent a high shot into the mouth of the Dorking goal and the Guy's forwards rushed the ball and goal keeper through and so scored the first and only point gained during the match. After half-time the Dorking forwards began to attack at once but were well repulsed by G. W. Mitchell and Cartwriget, who got the ball away and Holman getting possession made a splendid run, but was charged over just as he was shooting. The Hospital forwards now got well together and made several attacks, but failed to score. Dorking then made a rush and put the ball through, but the off-side rule had been infringed so the goal was not allowed and a free kick awarded Guy's. Hazell had to save one or two more shots, but Dorking were never again particularly dangerous and Guy's pressing them more than ever, won a hard exciting game by one goal to nothing. The Guy's backs all played well, G. W. Mitchell and A. T. Brown especially, the latter's kicking against the wind being especially good. The forwards have rarely played so well, Holman as

usual playing a fast and dashing game. Hazell was very cool in goal. The Dorking team played a very vigorous game all through. We now have to play Barnes in the semi-final. The Guy's team was as follows:—

H. Hazell (goal), G. W. Mitchell and B. J. Bradley (backs), C. G. Roberts, A. T. Brown and E. H. Cartwright (half-backs), H. J. Holman and W. E. Sturges-Jones (right), W. G. Mitchell (centre), H. Wilks and H. Austen Smith (captain) left. S. Woodhams umpired for Guy's.

Hospital News.

FORTHCOMING EVENTS.

Feb. 16. Meeting of Physical Society at 7.30 p.m. Mr. C. F. Wakefield will read a Paper on "Mineral Water."

,, 19. Intermediate M.B. Lond. Pass List published.

In consequence of the appointment of Mr. G. H. Pennell (Second H.P.) to the post of House Surgeon to the Evelina Hospital, Mr. W. E. Tresidder, M.B., B.S., has been appointed Honse Physician by the Treasurer, and at once comes into Residence as Second H.P.

A Meeting of the South London District of the Metropolitan Counties Branch of the British Medical Association was held in the Governors' Court Room, by the kind permission of the Treasurer, on Wednesday, at 8.30 p.m., Dr. Frederick Taylor, Vice-President of the District, in the Chair. Several interesting Medical and Surgical cases were exhibited at the meeting, and Dr. Cullinworth, Obstetric Physician to St. Thomas's Hospital, then read a paper on "The Etiological importance of Gonorrhœa in relation to some of the more common diseases of Women."

Dr. Galabin, Mr. Briscoe, Mr. Tubby, and Mr. Brindley James joined in the discussion which followed.

Latschenberger finds that hœmoglobin, either in pure watery solution or in blood, when injected subcutaneously in horses, splits up into two pigments, choleglobin and melamic. The latter contains iron, the former does not, and is regarded by L. as the mother substance of the colouring matter of the bile.

The following points are interesting in Körner's case of acute yellow atrophy of the liver. On admission, four days after she had begun to feel ill, the patient, a girl of 20, had no jaundice and no albumen, while the liver was normal in size. This organ increased in size while under observation for several days, its edge reaching at one time 2 inches below the ribs. It then decreased again, and P.M. was found to be normal in size, and ochre yellow. When put under the microscope, a section was foend to present the typical appearance of acute yellow The skin serum and mucous membrane presented numerous spots at which hæmorrhage had occurred.

Advertisements.

For the convenience of Guy's men, a list is kept in the Medical Office of qualified gentlemen who are desirons of purchasing Practices, Partnerships, or acting as Locum Tenens or Assistants. Advertisments can be inserted in this column—price 2s. 6d. each.

DEATH VACANCY.—An old-established PRACTICE situate in a small town in Cornwall. Income between £700 and £800 per annum. One other Practitioner. A suitable gentleman can increase the receipts. Premium £500.

DEATH VACANCY.—London Suburbs. Income about £1,500 per annum, including nearly £300 from Appointments. Has been established many years.

SOUTH OF FRANCE (near to).—A Nucleus about £200, capable of considerable increase. Rent 1,000 francs (£40) per annum. Situated in a fashionable and increasing watering place.

LONDON SUBURBS.—A well-established, good class FAMILY PRACTICE; about £1,300 per annum. Good detached house. A brougham kept.

PARTNERSHIP.—The third share of a very old-established PRACTICE in a Town within 10 miles is offered to a suitable gentleman. Income about £1,500. Has been established nearly a century. Messrs. Wilson have acted as Agents for the Practice nearly 40 years.

PARTNERSHIP.—A third or half share of an old-established PRACTICE in the North of England, returning about £1,400 per annum. Must be well up in General Practice, able to ride, and experienced in Midwifery.

BOARD AND LODGING in the Country, in the house of a Medical Man, lately House Surgeon at Guy's, with tuition if desired. £3 3s. per week.—Particulars, Medical Office.

WANTED by a Guy's Man, M.R.C.S., L.R.C.P., an ASSISTANTSHIP, with a view to Partnership or otherwise.—Apply F. P., Medical Office.

AS LOCUM TENENS, a Guy's Man with experience, is willing to enter into negotiations with Practitioners with a view to filling up the year with locum work.—Address, S. Medical Office.

PARTNERSHIP OR PRACTICE, wanted in fair-sized Country Town, in west of England preferred. Cash available for a genuine offer. Married.—Address, M.R.C.S., L.R.C.P., Guy's Medical Office.

For further information of the above Appointments, apply Medical Office.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Subscribers who wish to have their GAZETTES *for 1888 bound in one volume, should leave the numbers, with the Index published on January 19th, with the Librarian without delay. The cost of binding in the Hospital colours is one shilling and sixpence.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* MR. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

MARCH 2, 1889.

A CASE OF FRACTURED SPINE.

The following details of this case are published by Mr. Howse's kind permission.

Patient was a tall, muscular, healthy man, æt. 28. Between 8 and 9 p.m. on December 8th, 1888, while descending some stairs carrying a heavy tool-chest poised on his head, he slipped from the lowest step and fell backwards. At the time of the accident he felt severe pain in his neck, was unable to raise himself or to call for assistance. He was discovered about twenty minutes after the accident, and was lifted on to a couch where he lay until next morning, when he was brought to Guy's and admitted into Accident at 7.10 a.m.

On admission.—Patient is perfectly clear in his statements and says he has never been unconscious; he complains of severe pain in the neck, and keeps his head rigidly fixed in a slightly extended position. There is pain and tenderness over the 5th, 6th and 7th cervical spines, but no deformity can be made out. He is unable to move legs or arms, although he can to some extent shrug his shoulders. There is sensation only above a horizontal line through the nipples and over that part of the skin supplied by the circumflex nerve. Priapism is well marked; there is no distinct line of hyperæsthesia; no plantar, patellar, cremasteric or abdominal reflexes; no ankle clonus. The breathing is entirely diaphragmatic, respirations 12 per minute; pulse 52, regular, full; temperature 97·4°. There is complete retention of urine.

Mr. Howse saw the patient at mid-day (December 9th) and suggested the extension should be applied, but held out very little hopes of much good being effected by this means.

Chloroform was administered; powerful extension was made by means of the head gear of Sayre's suspension apparatus, while counter-traction was made with a large jack-towel fixed to the pelvis. While extension was being made Mr. Howse supported the neck with both hands and distinct crepitus was heard as well as felt.

When the effect of the anæsthetic passed off patient was free from pain in the neck and remained so until 6 p.m. The paraplegia remained unaltered.

Progress and Treatment.—Patient was at once put on a water bed. The head was fixed in the extended position with sand-bags. Milk diet was ordered, which, after a few days, was increased by the addition of beef-tea, mutton-broth and brandy.

A soft india rubber catheter was passed and water drawn off twice daily. The day after admission a good knee jerk was obtained on both sides, and a feeble plantar reflex on one side, but after this reflexes were entirely absent.

On December 13th, although no cystitis had appeared, the bladder was washed out with a pint of Thomson's fluid. On December 15th, incontinence of urine commenced which lasted until patient's death.

Cystitis developed on December 24th, the urine containing pus, mucus and blood. During the next two days, as the urine did not improve, the Iodoform wash was substituted for Thompson's fluid with the happiest results.

℞ Acidi boracici ʒx.
Iodoformi ʒij.
Glycerine ʒfs.
Pulv. Tragacanth Co. ʒifs. ɱ.
Fiat pasta.
Sig. ʒij. ad. ʒx. aquæ calidæ p. r. n.

On the 4th day after admission patient was raised from his bed and his back inspected. No bed sores were found. His back was rubbed with spirit and oxide of zinc. This process was repeated every evening until the night before patient's death. Beyond slight red blushes on elbows, fingers and toes, which disappeared under treatment, there were no indications of bed sores.

On December 23rd, patient passed about half an ounce of a whitish fluid motion which was the only motion he had. For the first 20 days patient was conscious and intelligent, but after this he muttered incoherently and refused his food. As he could perform the act of swallowing he was fed by means of a glass funnel and india rubber tube which passed through the nose to the back of the pharynx.

Two days before death he developed nystagmus and conjunctivitis.

On the evening of December 9th, temperature rose to 99·8°, but after this decreased steadily. For the first 12 days there were evening rises and morning falls, the mean, however, showing a steady decrease.

The temperature chart is very remarkable and possibly unique. Dr. Samways, the ward clerk, took peculiar care with the low temperatures, using special thermometers, making several observations and taking the mean, leaving the thermometer under the tongue for upwards of ten minutes, and testing the thermometers themselves carefully.

I give the last week's temperatures "in extenso," only one temperature being taken in the forenoon.

1888.	Dec. 28th.	86°.
	„ 29th.	85°.
	„ 30th.	82°.
	„ 31st.	81·4°.
1889.	Jan. 1st.	79°.
	„ 2nd.	77·8°.

The respirations varied considerably from day to day, and latterly became very infrequent and shallow. The pulse rate also became very slow, 44, 40, 38, 37, 35, being observations made at different times, and showing a gradual decrease in frequency.

Apropos of this slowing of the heart, the following quotation from Gower's Diseases of Nervous System, Vol. I., p. 152, is interesting. "In disease of the cervical cord (perhaps also in that of the cervical nerve roots) the heart may be slowed to forty, thirty, or twenty beats per minute, usually only for a time. The effect may perhaps be due to a loss of the influence of the nerves which, when stimulated, quicken the heart, or it may be produced by an indirect upward influence on the centre for the vagus."

Patient died quietly early on the morning of January 3rd, 1889.

Post-mortem.—The lungs showed no hypostatic congestion, but the bases were contracted and had apparently not been lately inflated, pieces of them sank in water. There was nothing in their condition to account for death. The mucous membrane of the stomach showed shallow hæmorrhagic erosions, the lower six feet of the intestine were loaded with fæces. At the base of the bladder were a few grains of iodoform, the bladder was thick, contracted and congested but quite sweet, no ulceration. The ureters and pelves of the kidneys were also congested. The kidneys healthy and full of blood. Heart normal.

The spinal canal was opened from the front. There was destruction of the intervertebral disc between the 5th and 6th cervical vertebræ, and slight fracture of the body of the 6th. The laminæ appeared not to have been fractured. There was no dislocation. The cord was completely pulped for a distance of about 1½ inches, beginning above at level of the upper border of body of 5th cervical vertebræ. Above this pulped part of the cord was a tract of pus in the left half of the cord reaching as high as the corpus dentatum.

The cord below the crushed part was cut through at intervals of about an inch, but no

naked eye signs of descending degeneration were found.

No evidences of hæmorrhages in the cord or theca were found.

Thus there was nothing in the shape of fracture or dislocation found post-mortem to account for the damage done to the cord, and the above case seems to have been one of local concussion or laceration going on to softening and destruction. The spinal canal at the seat of injury of cord was apparently unencroached on.

"Such softening may occur rapidly in severe local concussion, and be found complete a few weeks or even a few days after the injury." Gowers, Vol. I., p. 447. J. ROBERTSON.

NOTES ON GERMAN MEASLES.

By J. Howard Champ, M.D.

The late Dr. Fagge, in his work on "The Principles and Practice of Medicine," in speaking of German Measles, would seem to have felt some doubt on the question of their specific nature, suggesting that we have more likely to do with some form of measles. On the other side, however, we have many good authorities. Bristowe, Liveing, and the writer of the article on the subject in Quain's Dictionary. I remember the late Dr. Mahomed, on my speaking to him of a case that had lately occurred under my own observation, telling me that it was a subject he was greatly interested in, but at the same time I could not get from him a positive expression of his own opinion. Having seen many which I take to be undoubted cases of Rötheln, I thought a few notes might be interesting. I am sorry that these are so fragmentary, but I have not the time to follow each case in detail.

Case I.

A lady, æt. 19, went to bed in apparently perfect health, and on getting up the next morning was found covered from head to foot with a bright red eruption of discrete papules. The face was thickly covered; there was no grouping of the spots. The eyelids were much swollen, and conjunctiva infected; no photophobia. The throat was slightly infected; but hardly any complaint was made of this, or indeed of any suffering beyond a slight headache and general weariness. Patient was isolated and waited on only by one servant who took up her meals. At the end of ten days she was allowed to mix with the family as usual; a fine branny desquamation being the only sequelæ. The maid servant sickened in exactly the same way; on the tenth day was sent home. I should add that in this case there was intense itching especially on face and lower jaw. There was no question of urticaria, though at first this was thought of. As this case occurred in the first years of my hospital course, and under the charge of the local doctor, it is necessarily very defective. Measles the lady had had in childhood in a typical form.

Case II.

A little boy, æt. 7. When I saw him first I was immediately reminded of the previous case. The face was so covered that I thought of the commencement of variola. He had been ailing two or three days; no lachrymation, running from nose, or other symptoms suggesting measles, which he had had several years before. Glands on both sides of neck much enlarged, and also the glands just behind the auricle on each side. Conjunctiva infected and lids swollen. Throat very inflamed, dusky red; tonsils much swollen. Some itching complained of. Rash general. Temperature in axilla 101°. Subjective symptoms very slight. In two days the rash had nearly gone, and throat merely left infected, and in a week he was quite well. Much branny desquamation, especially on face.

Case III.

Was so precisely similar that I will only call attention to one or two points. The little boy, æt. 6, had had measles. In his case the smell, which has been described as characteristic of measles, viz: a peculiar rotten straw odour was very marked. The objective symptoms, viz: redness, swelling of eyes, tonsilitis, puffy face and swelling of glands, cervical retro-auricular (excessively marked), were again out of all proportion to the subjective, very little complaint being made and the child not seeming really ill. The recession of all these apparently alarming symptoms was very quick; on the second or third day the child was playing about the room and was down in a week. Here itching was not complained of. Branny desquamation as before; also the inguinal and axillary glands were enlarged, and there was tenderness in popliteal spaces and on the inner side of the elbow.

Case IV.

A lady, æt. 30, in whom the symptoms were chiefly confined to the eyes and throat. The rash was very unevenly distributed. Sparsely on surface, and in patches on the arms, bend of elbow, thighs and feet. Tonsils but little swollen. The glands were enlarged in cervical and inguinal regions. Here the rash pared, leaving dirty coloured stains made more visible on pressure, reappearing at intervals of a day or two. Desquamation as in other cases, but lasting a very long time on face, four or five weeks. The throat, too, remains now, six months after the attack, weak and getting congested, and painful on the slightest cold being taken which was not the case before. Measles contracted in childhood.

Case V.

The servant maid, æt. 17, who waited on the preceding case, presented at the end of nine or ten days, very similar symptoms, though milder in character. The rash was almost confined to the face, the congestion of eyes and throat well marked. The glands were not

swollen except in the cervical region. Desquamation very slight. In her case there was a distinct recrudescence of the rash about the fourth day, on the face, papules, larger and more distinct, and chiefly confined to the sides of inferior maxilla.

Case VI.

Was chiefly remarkable for the following reason:—When I first saw her the patient had been complaining for several days of a painful lump behind each ear. All I could learn from report and observation in this case was but little, but there was infection of throat and palpebral conjunctiva, swelling of above glands and also of cervical, inguinal, bicipital and popliteal glands; slight malaise. A well marked papular rash over elbows, front and back, and round the knees.

I am aware that the above cases are very incomplete, but that they were genuine cases of German Measles, and that that disease is sui generis, I can myself have no doubt.

From these and several others of which I have no detailed notes I would sum up thus.

An infectious disease having nine or ten days incubation period, during which patient is quite well, though there may be, as in measles, some slight malaise or headache. Rash appearing at onset of disease, and often the first symptom, or after a few days illness, consisting of a well marked papular eruption, papules discrete not grouped, and either occupying all the surface of the body, or especially the face, neck and joints. Nearly, if not always, there is redness of conjunctiva, often well marked, with œdema of lids.

Constantly there is infection of throat, often marked, with or without tonsilitis.

The swelling of the glands is very characteristic of the presence of such tumefaction in the retro-auricular glands, especially if associated with similar enlargement in the bicipital and popliteal glands, and is perhaps pathognomonic. The rash may disappear in a few days or last a week, and may come out once (or twice perhaps) at distinct intervals. Intense itching is often present.

Desquamation of a fine branny nature generally occurs, especially on face. Constitutional disturbance is very slight, and the objective symptoms are generally greater than the subjective. Sequelæ are rare, principally consisting of a prolongation of the desquamatory process, and a disagreable tendency to inflammation of the throat on very slight provocation. Slight conjunctivitis, with sticking together of lids in morning, lasted in two cases several weeks. Measles does not protect from its occurrence; most of my cases having already had that disease.

Feb. 14th, 1889.

Pfeiffer finds that the urine of patients suffering from gout or uric acid calculi gives up some of its uric acid to a filter packed with pure uric acid. In these cases the urine gives a precipitate of uric acid, and when treated with hydrochloric acid before, and none after, being so filtered. Pfeiffer regards this as a valuable test in doubtful cases of gout.

ANCIENT HINDOO SYSTEM OF MEDICINE.

Prize Essay by Baman das Basu.

ORIGIN OF THE HINDOOS.

The Hindoos were not the original inhabitants of India. They belonged to the Aryan Family, which at some remote period of history occupied the table land of Central Asia. Gradually it divided itself by migration into the different parts of the globe. To the west, as far as Ireland; to the east, as far as the banks of the Brahmapootra. In their primitive home of Central Asia, they had learnt the first principles of social and political life, and thus had passed the early stages of barbarism. If tilling the ground, building houses, and constructing roads be held as so many indications of the civilization of a people, then the Aryans had certainly been far superior to their other neighbours, who led nomadic lives.

Historical facts from the Vedas about Medicine.

Though we have no written history of the early period of the Aryan race, their religious books, no doubt, assist us much in determining their primitive conditions. The *Rig-Veda* especially speaks eloquently about the different stages of progress of the Indo-Aryans. Let us see, then, the stage of medical science of that period from this oldest book in the library of man. The hymns of the *Rig-Veda* were composed at different periods of time—the earlier ones pointing to the period when the Indo-Aryans had not left their primitive home. From these hymns we find that this important science had attracted their attention at a very early period—even before their migration.

Water as Medicine.

The first thing which they used as medicine was water. The praises which the Aryans of the Vedic period bestowed on it seem to indicate that they were at one time hydropaths. That the water should have been first chosen as a medicine, seems not to be a strange phenomenon. The radical meaning of *oshado* (medicine) in Sanscrit is heat-killer. Something which lowers the temperature of body was called by the Aryans, before they had known the properties of any other drug, a medicine. And as water gives great relief in fever, and also helps in no small degree the lowering of bodily heat, it is not strange that the Aryans should have addressed it as a God of Medicine before their migration from the Central home.

Soma Juice as Medicine.

The next thing which they termed as eradicator of all diseases was the *Soma* juice. Now, what this *Soma* plant is, it is difficult at the present day to decide. But at all events it is decidedly not an indigenous plant of India. Considering the hair-splitting discussions that have been spent on the identification of this plant by the oriental scholars and the botanists, and remembering that not so frequent allusion is made to this plant in the subsequent Sanscrit works of the Hindoos, I venture to express my opinion that *Soma* was decidedly not an indigenous plant of this country. Its juice was certainly a

stimulating liquor. And that a stimulating liquor must have been of great use in a cold climate, admits of no question. It was on this account that they assigned a place to *Soma* juice next only to water as a medicinal agent.

Mention of Medical Profession in Rig-Veda.

At a subsequent period of the Aryan settlement in India, we find mention of the medical profession in the *Rig-Veda*. The principal cause which led to the origin of the medical profession was the regular war that went on for generations with the aborigines of India. During this age of the Vedic period, as there were needed warriors, so also there was a demand of medical men to look after the wounded on the battle-field. All the Aryans were warriors on their arrival to this country; and thus it happened that the importance of the medical profession was first recognised by them.

Next to water and *Soma* juice as medicinal agents we find *Aswins* praised and worshipped as eradicators of all diseases. They were the twin-brothers who were the physicians of the *Devates* (by which term the Aryans were known). At a later part of the *Rig-Veda*, mention is made of the medical profession. Thus we find there, that "the carpenter seeks something that is broken, the doctor a patient;" in this very hymn it is said that "I am a poet, my father is a doctor." But real and substantial progress was not made in the medical art till a very subsequent period, when the properties of the different herbs and vegetables were known to them by direct observations and experiments.

Hyurveda: *Its Place in Sanscrit Literature and Date of Composition*

In the *Rig-Veda* we don't find mention of those theories which are so very current in the Hindoo medical works regarding the constitution of man and origin of diseases. The Holy *vishis* of the Vedic period had not dreamt of the three humors of the human economy. They did not know that by the derangement of any one or more of these humors a disease results. They regarded disease as a peculiar entity. As long as the healing art is not reduced to the scientific basis, ignorance and superstition give a mysterious garb to the nature of the bodily afflictions. But the Indo-Aryans soon tried to dispell all mysterious notions of the causation of a disease. In fact, they endeavoured to discover a scientific system of medicine. Their *Ayurveda* stands in proof of this assertion. In that work we find the mighty Indo-Aryan intellects earnestly investigating the phenomena of the diseases, their causes and their treatment. There no mention is made of any particular god or evil spirit, as taking part in originating a malady. No incantation, no hymn, no prayer is offered there to the Gods or the different forces of nature to cure one of the bodily afflictions. Every disease is considered in its every aspect as regards its etiology, pathology and treatment from rational points of view. But, unfortunately, fragments only of this great monument of the labours of the ancient Hindoo physicians have escaped the destructive ravages of time.

Ayurveda (literally meaning science of life) is one of the *Upavedas*. The Sanscrit literature is divided into three great periods—the Vedic, the Brahminic and the Ruranic. The works that were composed during the Vedic period of the Sanscrit literature were the four Vedas, six Upavedas, six Vedangas and several Vedantas. *Ayurveda* holds the first place among these *Upvedas* (or Supplements of the Vedas).

Its authorship is attributed by the majority of the Hindu authors, though not by all, to Shiva. Shiva is nowhere mentioned in the *Rig-Veda*, and therefore cannot be supposed to have lived during that period when the *Rig-Veda* was composed. The *Rig-Veda* is supposed to have been compiled between 3,000 to 1,500 years before Christ. And as the *Upavedas* are alluded to, and especially the *Ayurveda* in the code of *Mann*, a work of the Brahminic period, the date of which has been placed about 1,000 B.C., the latest date that can be assigned to the composition of *Ayuveda* must be about 1,100 B.C.

Who was Shiva?

Shiva holds a prominent place in the Hindoo Trinity. That Shiva was the first amongst the Hindoos who reduced the observations and experiments of his predecessors to writing, appears from the fact of his being invoked for blessing by all the Hindoo medical authors in the introduction to their works. From the description also of the Hindoo mythologists regarding him, one cannot but come to the conclusion of his being a great medical scientist of ancient India. He is said to have lived on the cremation grounds, wearing wreaths of human skulls and vertebræ, experimenting with snakes and with vegetable and mineral poisons. His was the motto that led Hahnemann in the last century to found a new system of medicine. That "poison is the antidote of poisons" was the doctrine established by Shiva, and the biographers of the founder of the Homœopathic School of Medicine relate how, by studying this doctrine, that great genius was inspired to establish his new school.

Dissection in Ancient India.

Shiva was an anatomist of no mean order. By actual dissections, indeed, must have he obtained that proficiency in the knowledge of the structures and functions of the human body that is displayed in the Hindoo medical works. The Aryans had recourse to dissections long before the appearance of Shiva. During the Vedic period it was a common practice among them to offer sacrifices to the different gods. And the victims of these sacrifices were dissected with a view to their several parts being offered to the particular deities. They could distinguish between heart, stomach, liver, and several other viscera. This knowledge must, no doubt, have been derived by actual dissections.

Dissection of the dead bodies is countenanced by all the ancient Hindoo medical authors. Even the legislator *Manu* says, that the Brahmin touching a fresh human bone is purified by bathing. Now, a fresh human bone cannot but be obtained by dissection.

The Indian Hippocrates *Charaka* says, that a medical practitioner should know all the parts of the body, both external and internal, and their relative positions with regard to each other.

Sushruta, another medical author, has also enjoined the practice of dissection on all the votaries of the medical art. He says, that as the structure of a tree is known by dividing it, so the structure of the component parts of the body is discovered by its dissection; and it is only by combining a knowledge of books with practical dissection that the practitioner will attain an intimate knowledge of the subject of his profession.

The Hindoos deserve credit for having utilised the dead for the living—for having cultivated that most important and essential branch of medical science, practical anatomy.

It is impossible for any one to award too high a degree of praise to the sound and philosophical views of the ancient Hindoo sages respecting the uses of the dead to the living; and it is scarcely possible to withhold from them the immortal credit of being the first scientific and successful cultivators of the most important of all the departments of medical knowledge. For what had been the views of the other nations of the globe towards the dissection of the dead when the Aryans were such, vigorously increasing the knowledge of Anatomy by the help of scalpels and scissors, and were laying down the foundation of a true system of medicine? Why, the mere touch of a corpse was held as a pollution among the Jews, and the Egyptian knowledge of anatomy was confined to the low and wretched outcasts employed to embalm and disembowel the bodies of the dead, who were considered to be so low, polluted, and degraded, that no corpse of a royal or beautiful female was ever handed over to them until unequivocal indications of decay and decomposition had been exhibited.

Even in Ancient Greece the study of Anatomy was neglected, for the laws of Athens were so strict respecting the prompt burial of all dead bodies that it was considered a sacred duty, and its neglect punished with such severity, that we read in Xenophon's History that six officers of rank were condemned to death notwithstanding their having gained a brilliant victory for not having taken sufficient pains to recover the bodies of the slain warriors who had fallen into the sea. During the siege of Troy hostilities were intermitted to permit of the burying of the dead; and after each action, the first duty of the victors was to bury the bodies of such of their foes as were left dead upon the field. The anatomical knowledge of the early Greek physicians—of Empedocles, Alemeon, Demecritus, and Hippocrates—was exclusively derived from the dissection of animals.

Here we observe, then, the pains that the ancient Hindoo physicians took for the cultivation of Medical Science,—the difference between the Hindoo physicians and those of other nations of the old world.

(To be continued).

François Franck says that the latent time of movements following on a stimulation of the cortical matter of the brain is independent of the strength of the stimulus. In the case of a spinal reflex, the latent time arie $^{\alpha}$ inversely as the strength of the stimulus.

NOTICES.

PRIZES FOR DISSECTIONS AN PRACTICAL ANATOMY.

With a view to stimulate and encourage the study of Practical Anatomy and the acquirement of skill in Dissection, two prizes, given by Mr. Durham, will be offered annually for competition: one of the value of £5 to Students in their first year, and another of the value of £15 to Students of later years.

The conditions are as follows:—At the end of each Winter Session those Students who have obtained a certain proportion of possible marks for their dissections during the Session will be allowed to compete.

The adjudication of the prizes will depend partly on the marks already obtained for dissections during the Session, and partly for marks awarded for special dissections to be made at the end of the Session under the supervision of the Lecturers and Demonstrators in Anatomy.

The first award of prizes will be made at the end of the present Winter Session.

Students are reminded that marks are now being assigned at the end of each week for the dissections made during the week.

UNIVERSITY OF LONDON.

INSTRUCTIONS RESPECTING THE MODE OF ENTRY FOR THE EXAMINATIONS IN MEDICINE.

The Registrar gives notice that all Candidates will henceforth be required to comply with the following instructions:—

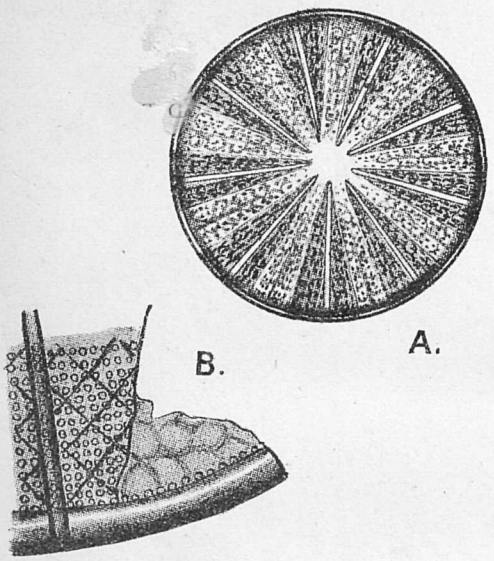
1. *Not less than Five Weeks* before the commencement of the Examination every Candidate must apply to the Registrar for a *Form of Entry*, which, together with all particulars respecting the arrangements for the Examination, will be sent him immediately on receipt of the application.
2. This Form, duly filled up, must be returned to the Registrar *not less than Four Weeks* before the commencement of the Examination, and with it, *in the same cover*, must be sent (*a*) the Candidate's *Certificates*, and (*b*) his *Fee* for the Examination.

No Candidate's name will be placed on the List of Candidates unless his *Form of Entry*, *Certificates*, and *Fee* shall have been received at the University *on or before the Fourth Monday* before the commencement of the Examination.

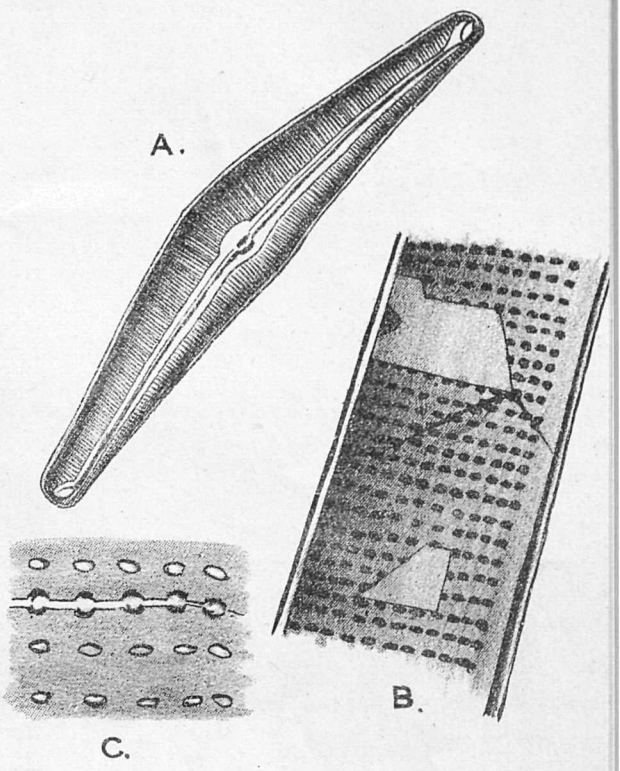
As soon as possible after the closing of the List, and not previously, each Candidate's Certificates and Fee will be acknowledged, and a Number, by which he is to be designated throughout the Examination, will be assigned to him.

January 15th, 1889.

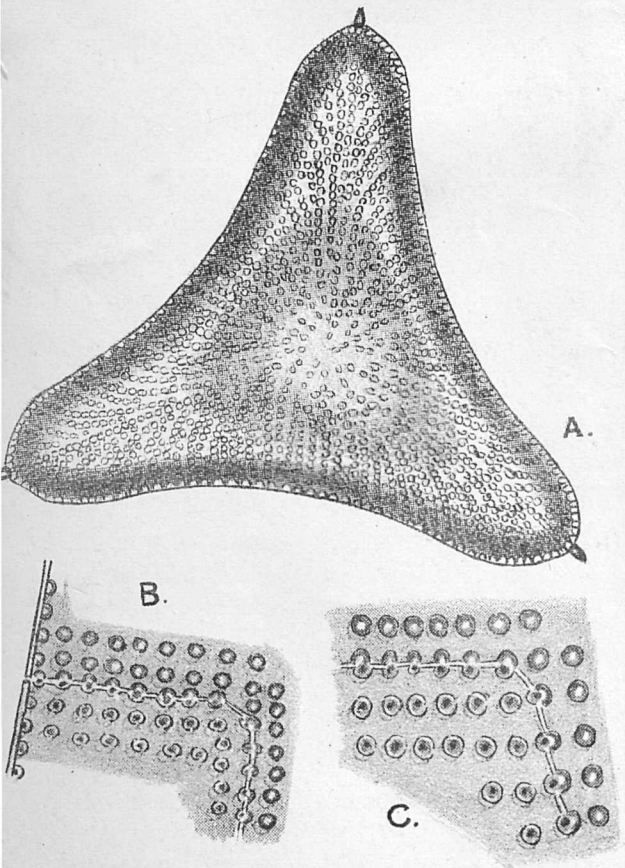
DIATOMS.



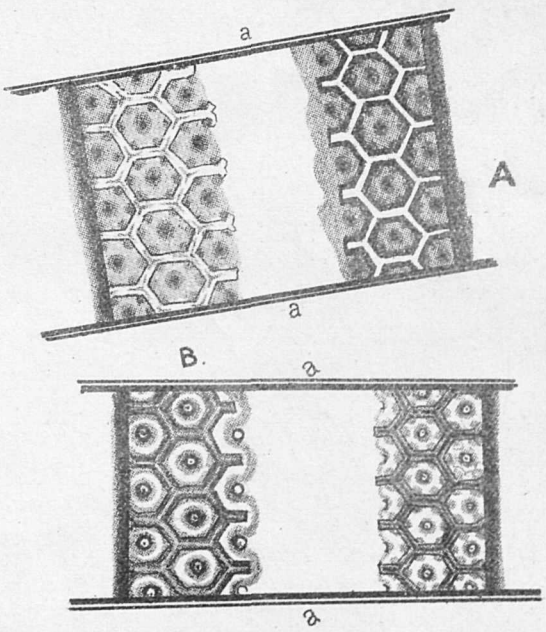
Actinoptychus Splendens, E.
Fig. 1.
A. ×, 333, diameters.
B. ×, 1500, "



Cymbella Gastroides, Kg.
Fig. 2.
A. ×, 333, diameters.
B. ×, 1500, "
C. ×, 4000, "



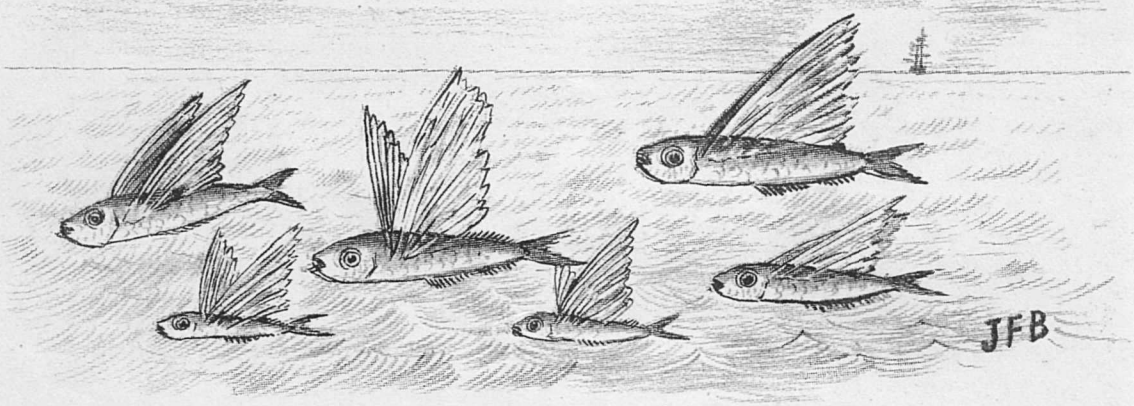
Trinacria Regina, Heib.
Fig. 3.
A. ×, 333, diameters.



Coscinodiscus Oculus Iridis.
Fig. 4.

THE FLYING FISH.

Exocœtus Volitans.



Passim.

At the Annual General Meeting of the Hunterian Society, held on February 13th, Mr. Clement Lucas was re-elected President for another year, an honour which has not been conferred for upwards of twenty years. This society, of which Mr. Poland is now Surgical Secretary, has been always largely supported by the staff of Guy's Hospital, and a great many have served as Presidents. Among the list of Presidents, we find the following well-known Guy's names :— William Babington, M.D.; Thomas Calloway; Charles Aston Key; B. Guy Babington, F.R.S.; Bransby B. Cooper, F.R.S.; Richard Bright, F.R,S.; Edward Cock, H. Marshall Hughes, M.D.; John Hilton, F.R.S.; T. C. W. Lever, M.D.; G. H. Barlow, M.D.; Thomas Bryant; A. E. Durham; T. Braxton Hicks, F.R.S.; P. H. Pye-Smith, F.R.S.

The Seventeenth Anniversary Festival of the Society was held on Feb. 15th, when the chairman was supported by Sir Joseph Lister, Bart.; Sir Edward Lieveling; Sir Thomas Crawford, K.C.B., the Director General of the Army; Dr. Dick, C.B., the Director General of the Navy; The Treasurer of Guy's Hospital; Professor Stewart; Mr. Bryant; Mr. Durham; Dr. Pye-Smith; Mr. Rivington; Dr. Robert Barnes; Dr. Gervis; Dr. Herman; and many of the junior staff both of Guy's and of the London Hospital.

In another column will be found the list of the March appointments, including those of H. P. and H. S. We take this opportunity of tendering congratulations to the successful candidates for the various posts.

Dr. R. A. Birdwood, Medical Superintendent of the Hospital Ships, Dartford, has kindly forwarded to us a copy of Dr. Buist's book entitled "Vaccinia and Variola, a Study of their Life History." The volume, it is needless to say, is a most interesting and instructive one, and, with the very excellent coloured diagrams which it contains, will amply repay anybody who may study it.

From a copy of the "South African Medical Journal," which has been kindly transmitted to us this week, we select the following:—"A series of consultations has lately been held by telegraph between Sir Andrew Clarke, in London, and some medical men attending Lord Innismore, in Victoria, Vancouver. The patient was suffering from enteric fever. Temperature, pulse, respiration, and various other clinical particulars were successfully transmitted."

On reading the preceding paragraph it naturally strikes one that in the future it will be quite unnecessary for us to visit our patients, as all "clinical particulars," including bronchophony, pectoriloquy, and the like, may readily be made known to us, while we sit at ease at home, by means of the telegraph, or, at any rate, the phonograph.

We wish to draw the attention of our readers to the new regulations respecting the mode of entry for the Examinations in Medicine; these will be found in another column, and should be remembered, for it would be a great misfortune for a candidate to have to defer his examination for want of compliance with existing rules.

We are glad to notice that the Guy's Football Concert, held at the Holborn Restaurant on Tuesday last, passed off very satisfactorily. The programme was varied and exceptionally good, and in consequence was thoroughly enjoyed by all present. Although the defeat received at the hands of the St. Thomas's team in the afternoon had the natural effect of somewhat damping the spirits of everyone, yet throughout the evening it was evident that all had come with the full intention of enjoying themselves and forgetting their sorrows for a time, this example being well set by the genial chairman,

Mr. Davies-Colley. Great credit is due to those who had the management of the concert.

On Thursday evening last a number of the Residents' friends met together to bid farewell to the outgoing Senior H. S., Senior H. P., and Senior R. O., these offices having been filled during the last two months by Messrs. A. H. Tubby, H. E. Crook, and A. Parkin respectively. After an enjoyable selection of vocal and instrumental music had been listened to by an appreciative audience, the healths of the abovenamed gentlemen were drunk and every good wish offered to them by those present. After suitable replies had been made, the evening was brought to a close.

We are authorised to state that the competition for the "Dissection" Prizes, kindly instituted by Mr. Durham, will commence on March 20th. Six days will be allowed for these special dissections. Further particulars may be obtained on application to the Demonstrators.

Our readers should notice with interest a remarkable case of avulsion of the thigh, followed by amputation and recovery, described in the *British Medical Journal* of February 16th, by Mr. H. W. Drew, House Surgeon to the Croydon General Hospital.

DIATOMS.

Diatoms are unicellular plants, living in water, and belonging to the great group of Algæ.

They are, in effect, hard boxes of various shapes, containing a minute mass of jelly (protoplasm), which forms the living, active part of the organism. Their size is minute, and but few of them can be seen at all with the naked eye. Each one is made up of two, nearly equal, similar halves, which are joined together like the top and bottom of a box:—hence the line of their junction may be said to divide the whole Diatom into two parts, and they appear as though "cut through," and so have been named from the two Greek words "dia" and "tom." Their chief interest hitherto, has been found to lie in the shape and structure of the containing walls—the shell, or cell wall—of the organism.

The cell wall of most plants are composed of that compound of C H O N which we call cellulose; but with Diatoms, it seems as if some, at least, of the carbons was replaced by silicon:—at any rate there is a large and varying amount of it held in some form of combination in their cell walls, which gives such a solidity and permanency to them, that they retain their forms even when boiled with nitric acid, or heated to a red heat.

Now whether, or no, the structure of these cell walls, thus preserved for observation, is typical of the cellulose envelopes of other plants, which are not so readily preserved unaltered for observation, is a question of some interest; because there is, in the case of these Diatoms, a peculiarity of structure, which extends to almost all the members of that family, and which may possibly therefore exist, though unseen, amongst the cells of other nonsilicious plants. I refer to the fact that in almost all (possibly all) Diatoms there exist markings—so called—which are built up of a series of minute dots, which have the varying appearance of being either small holes through the cell wall; small spheres on the surface of the cell wall; or small vacuoles (full or empty) in the substance of the cell wall itself. From their universal occurrence throughout the Diatomaceæ it would seem as though they had a definite purpose to serve, which must be of the same nature throughout the whole family.

Yet, however, some of the coarser of these "markings" seem to be of dissimilar nature in different genera; though it may be possible that in these cases the large dots may be of a totally different nature and subserve an entirely different purpose to that of the finer system, which may be also present at the same time, though not so apparent, and which may be carrying out that more universal purpose already referred to. Ex i. in Fig. 1 of a valve of actinoptychus splendens, there are two such systems; a large network-like series, which sometimes also has the appearance of dots; and, again, a series of finer dots, which appear in a different plane. As a further example of this coarser areolations, figs. 3 and 4 may be mentioned; while fig. 2 is an example of the medium sized dots that are in common occurrence throughout the Diatomaceæ; but it is worthy of note that in many species, where a very coarse areolation exists, that there are indications of a coexistent, second and finer system, visible only with higher powers and with more useful manipulations.

It is well known that there is a series of canals containing protoplasmic threads perforating the cell walls of many—perhaps most—plants; and which seem to serve the purpose of keeping up (by means of the protoplasmic threads) a living, sensitive communication between neighbouring cells, or between the inside and outside of a plant. It also seems probable that every cell must have some means of direct communication with the external world, by means of living strands of matter. But where—as in the case of Diatoms—the cell wall is rigidly solid, the openings for such communications must appear as permanent perforations in solid envelope; and, it seems to me, possible that these "dots" on Diatoms are the means by which communication is kept up; and

which is in this case permanently demonstrated on account of the silicious matter of the cell wall.

I have chosen to sketch valves shewing fractures of their walls, as the fracture gives a little more insight into the character of the areolations.

HAROLD G. DIXON.

THE FLYING FISH (Exocœtus Volitans).

Exocœtus, so named from an opinion given by Pliny, that it left the water to sleep ashore. Exocœtus volitans, a genus of animals belonging to the family of Esocides, or Malacopterygii Abdominales (soft finned). Generic character: head almost entirely covered with minute scales, and flattened both vertically and laterally: each jaw armed with small pointed teeth, and molar teeth in the throat; pectoral fins very broad, and long enough to reach the tail, which is forked; single dorsal fin opposite the anal. The fish belonging to this genus have the power of supporting or sustaining themselves upon their pectoral fins, in a flight out of water, more completely than the Gurnards and others. Pursued by the Corypheni (dolphin) and other voracious fishes, the defenceless flying fish is compelled to quit its native element, whence it has no sooner emerged than the fresh dangers await it from the ravenous gulls, which are attracted to their prey by the shining hue of their victim glittering beneath the surface of the sea; so that it may be truly said in avoiding Scylla, the poor little wretch falls into Charybdis. The flying fish is not able to support itself long out of water, as the air soon dries the fins, and it falls into its native element, where the dolphin, its insatiate enemy, is ready to seize it..

The flying-fish, "un des plus miserables des habitans des eaux," is found in the seas of warm and temperate climates, but is occasionally driven up the British Channel. In tropical seas, these fish rise from the water in flocks or shoals when disturbed by a passing ship or pursued by their inveterate foe, the dolphin. Very often they alight on deck, and particularly when a light is hung overboard; the ship must be low down in the water. On examination, the oceanic flying-fish is large sized, and has a glistening shiny body; the back is purplish, like that of a mackerel, the under part a lighter colour. The muscles are more delicate than the whiting, and the fish is as good to eat. The weight of the creature is from 1—4 ounces or more, the length from mouth to tail 6—12 inches. The length of the pectoral fins is as long as the whole body, and the abdominal viscera much the same as other pisces.

The fish, similar to others in the ocean, has occasionally attached to it in the mouth a parasitic animal. The pectoral and tail fins are worthy of consideration, and convincing enough to prove that this fish does not fly, that the large fins are only used as sails and the tail as a great muscular propeller; "Keel and rudder-like." In structure, these pectoral fins have numerous delicate ribs radiating from the attachment just behind the eyes: they are held apart by a very thin membrane. The wing is only of use when moist and stretched out, otherwise it collapses completely, differing from the butterfly. When the fish springs out of water, the pectoral muscles stretch out these wings and they become as sails, and so the fish is enabled to glide through the air for many yards. The damp fins, becoming dry, collapse, and then, unless the fish happens to catch the crest of a wave, and so redampen them, falls into the water. This redamping of the fin can be observed frequently, the wind blows out the sail, as it were, and so enables the fish to make another tack. We are perfectly assured from close observation, that the flying-fish rigidly fixes its pectoral fins during the flight out of water. The fins, "blown out like a sail," enables the fish to glide through the air. The only movement perceived in these fishes, is the occasional shake of the tail—there is no vibration of the fins. In their "element," likewise, these pectoral fins must be useless, owing to their delicate structure, to overcome the resistance of the water; they become reefed, as it were, to the side of the fish. As noticed from the deck of a ship, these temporary flights were measured at a hundred yards or more, and are similar to our boyhood amusement of skinning a stone along the surface of a stream. The flight of the wandering albatross is equally puzzling, it rarely flaps the wings. The mechanism of the movements of sea-birds is very interesting, and one is inclined to look upon these birds as, and compare them to, boys' kites. The air chambers in the bones and the body feathers have much to do with the erratic movements of these birds; the wings are as parachutes, and under muscular control.

Feb. 18th, 1889. J. F. BRISCOE.

LONDON UNIVERSITY—PASS LISTS.

INTERMEDIATE M.B. EXAMINATION.

First Division.

William Gusterson Rogers.

Second Division.

John William Frank Jewell.
Thomas George Stevens.

EXCLUDING PHYSIOLOGY.

First Division.

John James Brown.

Second Division.

Charles Baré Phipps Spencer.
Frederick Wallace Wilson.

PRELIMINARY SCIENTIFIC M.B. EXAMINATION ENTIRE EXAMINATION.

First Division.

Hugh Davies.
Leopold E. V. Every-Clayton.

Second Division.

Robert Henderson,

Physics Only.

Arthur Leonard Parry.

GUY'S NEIGHBOURHOOD, 1737-1751.

A very large and remarkable map of London, known as John Rocque's plan of actual survey, was published soon after Guy's Hospital was built, and shows the neighbourhood pretty exactly as it was at the time.

Immediately parallel with the back steps of the colonnade was Collingwood Street, running west and east, east to Maze Pond, meeting it where the Baptist Chapel (now removed for the Hospital College) was; west to the back of the "King's Head," "White Hart," "George," and "Talbot," renowned inns, with a history, under one name or another, for hundreds of years. I should say that a large open ditch intervened between what now is the hospital boundary and the back of the inns "Ditch Side", and of some length it appears on the map. The ditch had long acted as a running stream towards the Thames, draining land and houses all the way from the "Green Man" in the Kent Road. The great ditch or water course has, with all its tributaries, been inclosed for a sewer within my time.

Thomas Guy must have often contemplated the filthy flood, deep enough to drown people—which, indeed, happened now and then to the young and the unsteady. Notwithstanding the accumulated filth always running by, Guy's was, upon the whole, a remarkably healthy Hospital, partly from the fact that the stream was, in all its length, open, and almost always speeding on to the river, and partly, *before* sanitary times, the Hospital was so healthily built. And another fact must be taken into account; although so near the river, and the centre of London, open fields were at hand. Between Collingwood Street (long since quite gone) and Snow Fields was a veritable field, where, as early back as I can recollect, medically, I visited some poor patients in old wooden houses. Some of them say two hundred years old, and, I fancy, gabled, standing where Hunt's House now is. Snow Fields *were* fields and tenter grounds. In other directions fields extended south to almost any extent you liked to walk.

In another direction were tents set up on open ground. "The Tents" in Rocque (for poor Palatines, driven hither by war about 1708), just where St. Thomas's Street east was, and where, in my time, Dr. Addison used to take us, in a semi-serious, amateur sort of walk, to the "Botanic Gardens," by the "Ship and Shovel," east of Guy's.

Dr. Mead, Thomas Guy, Cox (the brewer member for Southwark), and other kind-hearted people, did all they could to help the poor half-starved fevered Palatine folk with food, shelter, and medicine, some of them afterwards taking part, under the guidance of William Penn—or, as the French called him, "Chef de Trembleurs" (Quakers)—to settle in Pensylvania.

But we must come back to Guy's, and walk up as far as the now imaginary ditch, and take a view of the backs of the famous inns, all going as fast as they can out of existence, or adapting themselves to the greatly altered state of things. The "White Hart" in 1450 was the headquarters of Jack Cade's rebellion. Sir John Fastolfe lived almost, as a neighbour, at the back of St. Thomas's Hospital, and was so threatened, that he got for safety to the Tower. At the same "White Hart," Henry's ill-fated minister, Cromwell, came to settle some of his multifarious business.

At one of these inns, in the spacious yard, plays were performed, in spite of the Bishop Gardiner's forbidding. Next the "White Hart" was the "King's Head"—the "Pope's Head," as it was called, before the quarrel with Rome altered the name. "St. George" was, at the same time, docked of the Saint, and the "Dragon" became plain George. The "Tabard," uninfluenced by these religious quarrels, nevertheless, some fifty years later, put off the Tabard, and took a curly-tailed dog for its sign, and became the "Talbot." "Ran colle, our dog, and talbot and girlond," as Chaucer writes.

A Student at Guy's in 1830.

Hospital News.

FORTHCOMING EVENTS.

March 2. Meeting of Physical Society at 7.30 p.m. There will be a "Clinical Evening."

„ 4. Application to be made for Schedules for the First and Second Conjoint Examination not later than this date.

„ 14. Schedules for Final Conjoint Examination to be left at the Medical Office not later than this date.

N.B.—The Certificate of Vaccination must have been already signed by the Public Vaccinator.

RESIDENTS ON DUTY DURING MARCH, 1889.

House-Physicians.—W. E. Tresidder, M.B., B.S. Lond. (Senior); J. Lloyd Roberts, M.B. Lond.

House-Surgeons.—G. Black, M.R.C.S., L.S.A. (Senior); E. F. Gardner, M.R.C.S., L.R.C.P.

Resident Obstetrics.—H. E. Cuff, M.B., B.S. Lond.; G. B. Smith, M.B., B.S. Lond.

Dresser for the Week.—March 6th, T. Wilson Smith; March 13th, R. A. Bremner; March 20th, G. H. S. Daniell; March 27th, W. J. Scott.

Ex-Dresser.—March 6th, J. Robertson; March 13th, T. Wilson Smith; March 20th, R. A. Bremner; March 27th, G. H. S. Daniell.

APPOINTMENTS.

House-Physicians.—A. Parkin, M.B., B.S., Lond. (March); E. H. Starling, M.B., B.S. Lond. (May).

House-Surgeons.—R. D. Mothersole, M.R.C.S., L.R.C.P. (March); G. B. Smith, M.B., B.S. Lond. (May).

INDIAN MEDICAL SERVICE.
PASS LIST.

W. J. Bearblock. | L. Bidwell.

The following is a list of recent appointments made by the Medical Council :—

Obstetric Residents.—Messrs. G. B. Smith (March), A. D. Fripp (April), G. J. Padbury (May).

Surgeons' Dressers.—Messrs. H. A. Smith (Mr. Durham); R. G. P. Lansdown (Mr. Howse); J. M. Gill, J. W. Russell (Mr, Davis-Colley); J. W. Roberts, J. W. Smith (Mr. Lucas).

Clinical Assistants.—Messrs. A. C. Elliman; R. S. Freeland; A. E. Norburn; J. Robertson; C. M. Kitching; A. E. Kelsey.

Dressers in the Eye Wards.—W. G. Thorpe, H. M. Jordan (Mr. Higgens); J. M. Thorne, F. G. Vicars (Mr. Brailey) (March); J. E. F. Hosking, H. V. Hickman (Mr. Higgens); G. M. Jones, A. B. Hudson (Mr. Brailey) (May).

Assistant Physicians' Clerks.—Messrs. J. V. Blachford, J. W. Emmet (Dr. White); N. B. Clowes, G. H. Knapp (Dr. Pitt); G. Featherstone, W. Wingate (Dr. Wooldridge); C. R. A. Sutton, E. M. Pilcher (Dr. Perry).

Aural Surgeon's Dresser.—Messrs. P. Purnell, A. E. Tebb (March and April); G. F. O'Fflahertie, A. T. Brown (May and June).

Dental Surgeon's Dresser.—Messrs. F. G. Saffery (March and April); R. G. Pollock (April and May); G. McGregor (May and June).

Throat Department.—Mr. R. A. Bremner.

Post Mortem Clerks.—Messrs. J. H. Roberts, N. B. Clowes (March and April); J. Fawcett, A. E. Durham (April and May).

Obstetric Out-Patient Clerks.—Messrs. G. F. O'Fflahertie; W. Carling; G. H. S. Daniell (1st half); S. W. MacIlwaine; W. S. Montgomery Smith; F. G. Swayne (2nd half).

Obstetric Ward Clerks.—Messrs. F. W. Welstead; C. J. Fuller; A. T. MacConkey.

Medical Ward Clerks.—Messrs. W. E. Sturges-Jones; E. H. Greaves; C. D. H. Ralph; A. Thomas; J. Young; C. G. Roberts; H. W. John; J. H. Bryant; F. Wellford.

Assistant-Surgeons' Dressers.—Messrs. G. S. O. Howes; W. K. Steele; E. M. Rooke (Mr. Golding Bird). H. W. Webber; A. S. Wohlman; A. A. Grosvenor (Mr. Jacobson). H. Richardson; T. G. Stevens (Mr. Symonds). F. D. Lumley; G. E. March (Mr. Lane).

Dressers in the Surgery.—Messrs. E. Cornish; F. A. Osborn; H. G. Biddle; W. A. Higgs: A. H. Meadows; H. Hodgson; D. S. Long; G. Pinder; A. G. Buchanan; C. Spencer; W. Wilson.

Surgical Ward Clerks.—Messrs. J. W. F. Jewell; H. S. Archdall; W. H. Dixon; H. L. E. Wilks; A. T. White; E. W. Wheatcroft; W. G. Rogers; A. E. Norris; E. J. Lang; D. S. Long; H. K. Rayson; A. L. Allworth.

Assistant-Surgeons' Clerks.—Messrs. F. A. Osborn; T. J. Mills; G. A. Skinner; W. C. Pritchard.

Sport.

FOOTBALL.

GUY'S v. ST. BARTHOLOMEW'S (RUGBY).

This, the 2nd Tie in the 2nd round of the Inter-Hospital Cup Ties, was played at Richmond, on Tuesday, Feb. 19, before several hundred spectators, mostly medicals. The weather was favourable and the ground in good condition, consequently a fast game was witnessed. Guy's won the toss, and Bates kicked off against a stiffish wind. During the first half, the Guy's forwards played up well, and kept the ball in Bart's twenty-five. Many attempts were made to score, but so well did Badger, Crawford and Hedges play, that only one try was scored up to half time, Mitchell crossing the line after a long run and pass by Bryant. Mitchell attempted the place, but failed to register a goal. Soon after starting, Bettington injured his ankle, and had to retire. Wallis came up three-quarter, and Guy's played without a back After the kick out, Guy's soon brought the ball back into Bart's twenty-five, mainly by the efforts of Allport, Swayne and Fawcett. Half-time was then called, the score standing, Guy's one try, Bart's nil.

The Guy's forwards, after the kick off, soon rushed the ball into Bart's twenty-five, and kept it there until time was called. After some good passing between Cooper, Bryant, Mitchell and Tuck, a scrimmage was formed close on the line, and Bryant, picking up quickly, got over the line, but was tackled by Ford and then by Hedges and Stevens; a maul ensued; Bryant lost the ball and a minor was registered. In a very few minutes, Cooper gained a try, which Mitchell failed to convert. Still keeping up the pressure, Rygate secured a third try, Mitchell again failing in the place kick. In the last few minutes of the game, Cooper again got over the line and secured the 4th try, which, although comparatively easy, Bligh failed to convert into the major point. The game thus ended in a win for Guy's by four tries to nil.

At half-time, Bettington returned and played back, Wallis taking his place at three-quarter.

For Guy's, Tuck played a sound game, his tackling being very safe. Mitchell was not quite up to his usual form, but did a tremendous lot of work. Cooper and Bryant at half, did all that was required of them.

The forwards played fairly well, their following up being not so good as it should have been. Allport, Swayne, Instone and Rygate played well. Fawcett was especially good in the loose, and was invaluable in the "screwing." The teams were—

GUY'S.—S. S. Wallis (back), W. G. Mitchell, E. S. Tuck, J. H. Bettington (three-quarter-backs), H. Cooper, J. H. Bryant (half-backs), A. Allport (capt.), F. G. Swayne, J. Fawcett, N. Instone, W. Bligh, H. B. Rygate. H. Wilks, E. M. Pilcher, C. S. Pantin forwards).

BART'S.—M. Cutcliffe (back), A. R. Badger, F. C. Ford, C. E. Hedges (three-quarter-backs), A. F. Stevens, C. R. Crawford (half-backs), R. A. Walter, F. G. Dalton,

S. Kent, E. A. Bouner, A. L. Saunders, B. W. Gowring, A. N. Weir, F. W. Rock and E. S. Humphrey (forwards).

Umpires, Messrs. C. C. Moxon (St. Thomas's) and F. P. Hill (St. Mary's). Referee, Mr. E. G. Finch (Middlesex Wanderers).

NORTHAMPTON v. GUY'S (Rugby).

Played at Northampton on Saturday, Feb. 23rd, and ended in a win for Northampton by one try to nil. Guy's undoubtedly had the best of the game, the forwards keeping the ball in their opponents' twenty-five nearly the whole time, and they ought to have scored on several occasions, three or four very easy openings not being taken advantage of. The tackling was simply miserable, and it appeared almost to amount to funking, and it is to be hoped that a team calling themselves "Guy's Hospital," will never play in such a manner again. The game was chiefly confined to the forwards, Allport, Swayne and Fawcett being the pick, and they were responsible for several good rushes and dribbles. The Northampton forwards were continually offside, so also were their halves. Just before half-time, Wallis made a good drop at goal, the ball alighting on the cross-bar, and bringing it to the ground. At half-time, the game stood, Guy's three minors, Northampton nil.

Allport restarted the ball and it went into touch in our opponents' twenty-five. Cooper and Bryant made many attempts to get away, but the opposing halves and forwards were too quick and prevented them. Fawcett then took the ball towards the goal-line and nearly succeeded in scoring a try, but Kingston picked the ball up neatly and relieved. Soon after, Rygate took the ball over the line and fell on it, unfortunately, however, just after it had been touched down by Dunkley. A scrimmage took place in the middle of the field; the ball was passed to Kingston, who made a smart run into our twenty-five, and transferring to Dunkley, the latter scored a try. His attempt at goal was a failure. In a few minutes time was called, leaving Northampton the winners by one try to nil. Teams—

Northampton.—A. Williams (back), C. Kingston, C. Stanley, E. Dunkley, T. Griffiths (three-quarter-backs), C. Allinson, W. Moring (half-backs), J. H. Lory, T. Phipps, A. Orton, W. Wilkins, T. Stanley, F. Mead, A. Dunham, G. Eaton (forwards).

Guy's.—T. B. Yorath (back), S. S. Wallis, E. S. Tuck, G. H. Steele (three-quarter-backs), H. Cooper, J. H. Bryant (half-backs), A Allport, F. G. Swayne, J. Fawcett, N. Instone, W. Bligh, H. B. Rygate, H. Wilks, E. M. Pilcher, C. S. Pantin (forwards).

Messrs. T. Coombe and A. Roseblade umpires. Referee, H. H. Whitehead.

"What did your father die of, Jane?" "Well, mum, he had a badly illustrated sore throat and various veins in his legs, but that wasn't what he died of. He died of two ulsters in his insides."

Doctor: "I am afraid that the only thing that will save you will be to bleed you, my good man." Patient (with a feeble smile): "You'r too late, doctor, too late; the landlord was here half an hour ago."

"Shure," said the old Irish lady, "it's never they've done shovin' the blame on poor old Oireland. Now it's the yaller faver they say is caused by Mike Roby over in Ameriky."

Doctor: "Well, Mrs. Smith, and how has your trip to Scotland agreed with you?" "Oh, I'm a deal better, doctor; getting quite stout, and I puts it down to the air of the 'Ighlands, it's so embracing. I think it would embrace anybody.

A lady, who was suffering, or supposed to be suffering, from an obscure disease, prevailed on her husband to take her to see an eminent physician whom he knew well. As he was helping her into the carriage, the doctor's man informed him that his master wanted to say a word to him. On hurrying back to the consulting room, he found his friend smiling over the contents of a paper which should have contained a guinea, but which disclosed a trouser button and a shilling. After apologising and rectifying the mistake, he hurried down to the carriage greatly annoyed at the mistake, and when assailed by his wife with eager questions of "What did he say it is, Tom? For pity's sake put me out of this suspense. Is it cancer or inflammation?" he mystified her by saying, "Hang it all! He said it was a shilling and a trouser button."

Advertisements.

For the convenience of Guy's men, a list is kept in the Medical Office of qualified gentlemen who are desirons of purchasing Practices, Partnerships, or acting as Locum Tenens or Assistants. Advertisments can be inserted in this column—price 2s. 6d. each.

LOCUM TENENS.—Wanted by M.B., B.S., late H.P., R.O., with considerable experience of private practice, engagements during the summer as locum tenens.—Address, C., care of Mr. Wells, Office, Guy's Hospital.

WANTED by an old Guy's man, M.D. London, a good class Practice or Partnership in or near London. Can find cash.—Apply, B., Medical Office, Guy's Hospital, S.E.

GUY'S HOSPITAL.—The Governors of Guy's Hospital, having decided to open a complete DENTAL SCHOOL as an extension of the Dental Department of the Hospital, invite applications for the following appointments:—Six Assistant Dental Surgeons, Lecturers on Dental Anatomy and Physiology, and Dental Mechanics; an Anæsthetist for each morning of the week; and a Tutor for the Dental Students. The Assistant Dental Surgeons, who must possess the diploma in Dental Surgery of the Royal College of Surgeons of England, will be required to attend in the Department each one morning a week.—Applications, with testimonials, should be sent to the Clerk to the Governors, the Counting House, Guy's Hospital, on or before 25th March, 1889. Further information can be obtained from the Dean of the Medical School.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Subscribers who wish to have their Gazettes *for 1888 bound in one volume, should leave the numbers, with the Index published on January 19th, with the Librarian without delay. The cost of binding in the Hospital colours is one shilling and sixpence.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Guy's Hospital Gazette,

MARCH 16, 1889.

SURGICAL CLINICAL LECTURE ON TWO RARE CASES OF SPINAL DISEASE.

By Mr. R. Clement Lucas.

On Monday, March 4th. Mr. Lucas took as his subject an interesting case of acute spinal disease which had been in the Evelina Hospital under his care. He first referred to a case on which he had previously lectured,—and in which no diagnosis was made beyond peritonitis with suppuration.

This patient's illness commenced some months before admission, when she had been suddenly seized with agonizing pain in, and distension of, the abdomen. There was some question of the symptoms being due to a ruptured extra-uterine fœtation, with consecutive peritonitis, as her breasts secreted milk five months after the death of her child, and she had not menstruated for eleven months, but no operation was permitted. When death occurred, at the autopsy caries was found involving the last lumbar and first sacral vertebræ, a pelvic abscess, and general peritonitis. Nothing wrong had been detected in the spine during life; she had never complained of pain in the back, and three days before death she was able to sit up in a chair in the ward, whilst her bed was being made.

The Evelina case in some respects resembled the last, inasmuch as in both, the symptoms of the spinal disease had been obscured by others, but in one the disease was at the lower, and in the other, at the extreme upper part of the spinal column. Mr. Lucas thought the specimen from the Evelina case, which he passed round, was probably unique. Certainly he knew of no recorded case of necrosis of the posterior arch of the atlas, with perforation of the dura mater, the disease being generally situated in the articulations, or lateral masses of the atlas.

The patient C. R. æt. 7, was admitted into the Evelina on Jan. 31st. History of alcoholism and phthisis on maternal side. The boy was quite well up to 14 days before admission, when he complained of headache and pain in the neck, nine days after a swelling was noticed in the neck behind, and he now began to get rapidly worse.

On Admission:—Boy is evidently very ill, he is much emaciated, hair full of pediculi and nits; exactly in middle line of neck, below occiput is a swelling, diffuse, tender and inflamed, not fluctuating distinctly. Patient able to sit up in bed and move head with comparative freedom. Seemed only to have a stiff neck.

February 3rd.—Temperature in evening 104°F. Slight troublesome cough.

4th.—Respirations rapid, cough severe and frequent. On examining chest dulness was found behind at lower part of right lung, with tubular breathing, but resonant note at the extreme base. Few fine crepitations over the dull area.

7th.—The abscess was opened under CH Cl_3, at a point about opposite the 5th cervical vertebræ, a quantity of thick curdy pus escaped, drainage tube inserted and gauze dressings applied.

8th.—Much relieved after operation, temperature has fallen; but he has a pneumonic respiratory catch and flushed face.

10th.—Swelling over right great trochanter, with enlarged veins over it, and indistinct fluctuation.

11th.—Swelling punctured, with a hypodermic needle and a little serous fluid drawn off. The dressings on the neck wound found to be saturated, and a clear colourless fluid was seen to be pumped out of abscess cavity synchronous with pulse; temperature, 103°. Sick three times. Patient moans at night, with slight wandering delirium.

12th.—On pressing abscess sac to obtain some of the fluid for examination, patient's face assumed a greyish colour, lips and eyelids quivered, but no general convulsions followed, nor did the symptoms continue for long. The dressings had to be changed several times.

13th.—Patient is clearer and able to answer questions, but abdomen and eyes sunken, sick many times; temperature 104·8°. Dressings frequently renewed.

14th.—Picking at bed-clothes and complains of increased pain. Extremities cold, lies on his left side with legs drawn up, some rigidity of right arm. At 3 p.m., unconscious and unable to swallow; died at 6.30 p.m.

Post-mortem.—On making the median incision for removing the cord at the occipital protuberance, the abscess cavity was opened, it was found to extend upwards some inches from the place where it had been incised, and at the bottom of the cavity the posterior arch of the atlas was found to be bare and necrosed; just above the centre of the arch was a small hole about the size of a crowquill, with a corresponding hole in the dura mater. The meninges were thickened and congested, a large quantity of puriform fluid in the subdural space. Basal meningitis, choroid plexuses covered with lymph, ependyma of ventricles much injected, and pus in left lateral ventricle, recent and old pleurisy on right side, small abscesses size of a pea in upper lobe of right lung, middle lobe grey and crepitant, in lower lobe one abscess size of a hazel nut, and another smaller, left lung healthy, small abscess in bursa over right great trochanter.

Mr. Lucas said that here the diagnosis was at first abscess due to the pediculi capitis, whilst the fever was attributed to the pneumonia on the right side of the chest. He said it was peculiar that there was no retraction of the neck, which would have been expected as there was more likelihood of the sub-occipital nerve being affected in this case than in cerebro-spinal meningitis, where retraction of the neck is a prominent symptom. The abscess over the great trochanter arose from continued pressure, the boy always lying on that side, for in low conditions abscesses often begin from persistent pressure. The hole in the dura mater was due to the extension of the suppuration.

The chief SYMPTOMS of spinal caries are:—

1.—*Pain.*

a. At the seat of disease, aching in character, generally put down to lumbago, not often localised at first.

b. Reflected, felt at the extremeties of nerves, *i.e.*, front of abdomen, causing persistent bellyache.

c. On jarring spine, or on application of warm sponges to tender vertebræ, especially in children.

2. *Rigidity of Spine*, and difficulty in rising from lying down.

3. *Projecting Boss.*

4. *Abscess.*

a. In neck.

b. Post-Phyaryngeal, this has been confounded with lipoma and gumma.

c. Under Sterno-mastoid muscle.

d. Back, following the posterior branches of intercostal arteries, sometimes confused with lipoma.

e. Lumbar, which may resemble nephritic or perinephritic abscess.

f. Psoas.

g. Iliac may come from sacro-iliac disease, or from peri-typhlitis.

h. Gluteal passing out through great sciatic foramen.

i. Ischio-rectal.

7. *Hæmaturia*, very rare, due to pressure of abscess on renal veins. Case quoted in which this occurred twice during formation of abscesses on each side.

Modes of Death.—In the case related there were two causes, both sufficient to cause death, acting at the same time, viz., *Purulent Meningitis and Pyæmia.*

1. *Acute meningitis* and *convulsions*, often tubercular in character, or caused by extension of inflammation to the cord, as in this case.

2. *Paralysis*, due to sudden or chronic pressure, leading in the latter case to—*a*. Bedsores: *b*. Surgical kidney.

In these cases we may now hope to give relief by removing the projecting angle, but the condition is rare.

3. *Suppuration*, not so common as formerly.

4. *Peritonitis*, from bursting of abscess into the peritoneal cavity, as in the case first related.

5. *Pleurisy*, uncommon.

6. *Lardaceous disease*, most common if focus of suppuration cannot be removed.

N.B.—If lardaceous disease sets in, due to suppuration in either extremity, removal of the affected limb may lead to recovery.

7. *General tuberculosis*, especially in children.

8. *Phthisis*, in older patients.

9. *Ulceration* into an artery, as vertebral or iliac, rare. A. R. F. E.

A CASE OF SUDDEN DEATH.

By Francis T. Frost, Junior House Surgeon to the Huddersfield Infirmary.

The following case seems to me to be interesting enough to deserve publication; it is one where death occurred suddenly and unexpectedly, and the autopsy made the case sufficiently clear to be instructive.

Lister, R., æt. 41, "Finisher," married, two children, first came up here as an out-patient on September 24th, 1888, complaining of headache, deafness, giddiness, and pains in the lumbar region. He was examined and had his ears syringed; he came next on Oct. 1st, feeling no better; he lived eight miles away, and was recommended to come inside for diagnostic purposes; it was thought probable that he was suffering from Ménière's disease.

October 5th. He was admitted and found no difficulty in walking up from the station.

His father died suddenly from heart disease, aged about 40.

Three years ago he first began to suffer from headache, which came on in paroxysms at various, sometimes long, intervals; was always frontal, generally being worse over the left eye! —no vomiting at this time. Thirteen weeks ago he first consulted a doctor about his headache and pains in the back; he first vomited eight weeks ago, and has done so occasionally since after taking food; the vertigo is a still more recent symptom. He walks with a rather staggering gait; he has no paralysis—on one occasion only it was thought that his face was drawn to his *left* side. The right eye was lost in infancy from inflammation. He has never had fits or convulsions. There is no history of syphilis or any other evidence of it. He cannot stand with his feet together and his eyes shut. Knee jerks well marked. Tactile sensation not tested, he made no mention of numbness anywhere.

Pupil reacts to light and accommodation, it is of medium size.

$V \frac{6}{18}$ with $+ 2D = \frac{6}{5}$

The outline of the Optic disc was blurred at its lower margin, it was not atrophied, the vessels looked healthy. Pulse 70, regular; apex beat 2 inches under nipple; no cardiac bruit: breath sounds, normal; urine, acid; S.G., 1026, no albumen, loaded with urates.

Treatment.—Pot. Iodid. gr. v., t. d. s., milk diet. Mist. Alb. Aperians.

October 6th. Had one attack of headache, slept soundly after it.

October 9th. Three severe attacks. Given ol. croton ♏ ii which relieved his constipation.

October 14th. Had no severe pain since the 9th, was seen at 6.30 p.m., expressed himself as feeling all right; at 9.15 p.m. the nurse found him half out of bed with his head buried in the pillow; she turned him straight and states that he breathed once or twice afterwards. I saw him about two minutes later, listened carefully for heart sounds, but could hear none.

Post Mortem, October 15th. A considerable quantity of cerebro-spinal fluid ran away whilst the brain was being removed; the lateral ventricles contained some. When the right margin of the tentorium cerebelli was cut a tumour came into view, it measured 2 inches by $1\frac{1}{4}$, it covered and completely flattened the right side of the pons, from which it was easily separable, it was adherent to, and appeared to spring from, the right inferior cerebellar peduncle and the adjacent part of the cerebellum; the 7th nerve lay on the surface of the tumour; the 5th was looked for but no trace of it was found, the tumour felt elastic and gelatinous, and was a little more translucent than the grey matter of the brain; there were three cysts in it, one of which was full of blood; the part of the occipital bone in contact with the tumour seemed unaffected.

Dr. Pitt obliged me by examining a piece of the tumour. He said it was a glioma, which confirmed several opinions that had been formed about it.

Heart, 13 oz.; valves, competent, aorta atheromatous; kidneys appeared healthy.

Remarks.—The pain in the back which disappeared shortly after admission, was sufficiently accounted for by the state of the urine.

Headache was the only symptom of cerebral tumour which was at all prominent, and this was not of the kind described as "constant."

Vomiting, and especially giddiness, were late in appearing, and never severe. The presence of optic neuritis was very doubtful, having but one eye comparison was impossible, and squinting could not be noticed. His statement that he could not see so well as he used to may be partly explained by his 2 D of hypermetropia, with failing accommodation. It must be very unusual for a man with a cerebral tumour, which may be presumed to have been growing for three years, to be able to travel by train and walk about without discomfort, and yet die of it nine days later.

The absence of paralysis, convulsions, or slowing of the pulse will be noticed as unusual, and the fact that the heart had ceased beating within two minutes of the cessation of respiration may, I believe, be considered to be so too. Before the *post mortem* it was thought likely that a ruptured aneurism, or something analagous to it would be found to have caused the sudden death, and that the cerebral symptoms would find an explanation in something of quite secondary importance.

A CASE IN GENERAL PRACTICE.—By Q.

This case is only interesting as illustrating the difficulty of diagnosis which often occurs in general practice. The difficulty is perhaps most frequently due to lack of apparatus. An ophthalmoscope, or a laryngoscope, or a vaginal speculum, or a catheter, or a probe is so often left at home just when it would be useful. It also illustrates the fact that even in the most remote country district or amongst a very scanty *clientèle*, the most unexpected sort of case may suddenly set one puzzling. This case occurred in a practice which averaged three visits daily. I was called about 4 p.m. to see a woman, æt. 32, who was said to have been taken suddenly ill. I found her in her day clothes on a couch, in a dazed sort of condition of mind, such as one sees in Guy's surgery on a Saturday night. But this woman was becoming worse instead of better. None of the neighbours seemed to know anything of her illness, for she had been in her usual health on the previous day. Her husband now arrived home, and said that at breakfast time she had not seemed very well. A neighbour who had called in at 1 p.m. said she found her rather drowsy, so she had left her to sleep. No information could be got from the patient when I saw her. She was drowsy and unable to anwer questions, but she could be roused to show her tongue, which was dry and not furred, and she indicated pain in lower part of left chest, where I found that air did not enter very well and there were a few small moist sounds. Apices healthy; heart sounds healthy but weak; pulse 110, regular, rather small; no feverishness. But the most evident symptom she exhibited was the constant great depth of inspiration and expiration without any dyspnœa. The respirations were about fifteen a minute, and resembled those which one sees in women before a hysterical outburst. I asked if she was at all likely to have taken poison, and was

told not. Irritant poisons seemed excluded, for there had been no vomiting nor diarrhœa, nor was pain in abdomen present; the condition of her pupils excluded opium and belladonna, for they were of moderate size and reacted to light. I found a bottle of medicine in the room, evidently white mixture, and a prescription paper from the County Hospital with the complaint of constipation written on it. On examining the abdomen, I found the left colon full of scybala and the rectum in the same condition. Per vaginam (for I was in search of a diagnosis), I found the mucous membrane so dry that the finger moved with great difficulty, and there was considerable prolapse of anterior vaginal wall. It was evidently a case of coma rather than collapse. Cerebral hæmorrhage seemed excluded by her age, and the absence of any paralysis, though in her condition of mind, this took me some time to make certain about. Her heart indicated no source of embolism. I happened to have an ophthalmoscope, and her eyes were healthy, so cerebral tumour was unlikely, and there was no history of great headache. So I was driven to think of diabetes by exclusion of most other diseases, but there was no urine to be got, and I had no catheter, and naturally the friends began to think that by this time I ought to know what was the matter. The patient was thin, and her skin was certainly dry. Her husband now began to recollect that she had been not quite well for a few months, and when asked about her appetite said that she had eaten as much as he had, but had not thriven upon it. He thought from a little cough she had that perhaps she was consumptive. I went home to fetch a catheter and a Higginson's syringe. On my return after an hour she was much more comatose. With much difficulty I removed a great number of facetted scybala almost as hard as stones, but this left her much worse. I then drew off three-quarters of a pint of urine, which had the opalescent appearance often present in diabetic urine, but I still had to wait till I got home to clear up my diagnosis. I left the patient quite moribund, and she died about midnight. On taking the specific gravity of the urine it was 1019, and I began to think that an inquest would be needed, for I hardly then expected to find sugar. But Pavy's solution and Moore's test showed abundance of sugar, and on further examination to try and account for the lowness of specific gravity I found a large amount of albumin, both by the nitric acid test and by the ferrocyanide test. I had read in Quain's dictionary of medicine and elsewhere that albumen rendered the copper test for sugar negative. Whilst in clinical ward I had mixed several specimens of albuminous and diabetic urines, and in every case both tests had succeeded. This patient's urine I think disproves that statement, which is found in several books, for there was abundance of albumin and of sugar. Perhaps a practical point about the case is that it shows the importance of examining the urine in obstinate cases of constipation, aud also the importance of examining the rectum for scybala in the abdominal pain so often present towards the end of diabetes.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sir,—I thought it would interest many of your readers to hear a little of my first month's experience as the Infantile G. P., so that they may form an opinion as to what work is being done 12,000 miles away. I shall commence by mentioning that my father is a medical man of over thirty years' standing in this town, and I was born in the house where I am now living, so you can imagine how interesting it was to me to meet so many old faces again.

I had to get into harness at once; the second day I arrived a message came in from the District Hospital (which is within a stone's throw from our house), to ask my father to go in and see a bad bleeding case. I may add that my father is one of the Consulting Surgeons; the other two Surgeons were out, and it so happened that my father was out, so I went to see what the case was; it was rather a ghastly sight, a poor fellow had had his hand taken off with a chaff cutter, and also had a large lacerated wound of the forearm. I put on an Esmarch, cleaned up the stump, ligatured the arteries, and dressed the limb for the Surgeon whose case it was; it was decided to amputate below the elbow joint. Next day I gave chloroform; the case did very well, and the man is now walking about. On the fourth day after my arrival my father was taken ill, so I had to do his work. One of my daily visits was to a Government Institution about five miles from the town; it contains 400 old women, averaging from 60 to 90 years old.

One evening, about 10.30, a message came from the Matron, that one of the inmates had retention of urine; the coachman was nowhere to be found, so I had to saddle my horse (one that I had never ridden, in fact I had ridden very little within the last eight years), and away I started carrying my bag in front of me; he was the roughest horse I had ever ridden. I had to ride about a mile through the bush off the main road. I arrived at my destination about 11.30. When talking of this Institution, don't please imagine it is one like Guy's, everything was not at my side and handed to me, no hot water could be obtained, no antiseptic lotion handy. I took my own catheters, but what with the old cicatricial tissue from many attacks of gonorrhœa, and the false passages, not mentioning the many condylomata about the parts, I could not get a catheter in; the patient was in terrible agony, so I decided to puncture above the pubes. I had to go to the Dispensary, about one hundred yards off, to get the chloroform. Each step I took I saw rats by the hundreds skidding all over the place. My only help was an old nurse, so I had to give chloroform myself. There was no apparatus for aspirating, so I had to use my own trochar and canula out of my pocket-case. It answered admirably; it gave relief, and I passed a catheter next day, and the patient did very well.

I arrived home about two o'clock in the morning. At the end of my first week I went to look on at the local

cricketers. One of the cricketers, whilst turning round quickly to get back to his wicket, slipped and fell on his right arm, and sustained a compound fracture of his ulna. I reduced the fracture, fixed him up temporarily, and sent him to the Hospital. He got tetanus on the fifth day, and died on the sixth. It is interesting to note that this patient suffered from syphilis, and had broken the other forearm three times. Another interesting fact about this case is that I got the credit of killing him. My next experience was at the Asylum at Liverpool, about ten miles from here, where I had my first amputation of the thigh. It was hard lines getting such a bad subject; he ought to have had his leg off two months earlier. He originally had an injury to his knee-joint, which had gone on from bad to worse. When I saw the limb it was simply appalling; on a back splint, almost dislocated at the knee; large bed sore on the heel, the other limb about as thick as my wrist, and the patient in a terribly low condition. His only hope was amputation. He also had three large bed sores over the sacrum, exposing the ligaments. I amputated about five inches above the patella (antero-posterior skin and circular muscles). I had a look at the stump on the second day; it looked most encouraging. The flaps had come together by primary union; but I was a little too sanguine, because, on the sixth day, a little pus showed itself, and the posterior flaps became slightly retracted. But, notwithstanding, the patient himself had improved, and next Friday will be three weeks since the operation.

My next experience was an interesting one—a tumour of the breast. I first saw the patient—a woman seventy-nine years old—in the cancer ward of the asylum before referred to. I forget how long the tumour had been noticed; it was situated in the right breast, at the lower and front part, so much so, that taking it up in the hand, it seemed difficult how to get the lower elliptical incision. It then felt quite stony hard. The nipple was not retracted; no gland enlarged. The skin was freely movable over the growth; there was great pain extending into the axilla and down the arm. It seemed very much to me like a scirrhus, so my father had her brought up to the Hospital, and I operated.

When the patient was on the operating table, I noticed the skin at one spot over the tumour was slightly reddened, and there was slight fluctuation; so one of the Hospital surgeons suggested putting a trochar into it. I said no; it would have to be removed, whatever it was; so, with my father's suggestion, after making the lower incision, I made one between the nipple and the tumour, to see if the nipple was infiltrated with the growth. It was not so. I only removed half the breast with the growth. On making a cut into the growth, to my surprise, out flowed some yellow gelatinous-looking fluid. I had removed a large-sized cystic growth; the cyst wall was quite calcareous. It is ten days since the operation, and the old woman is up, and going back to the Asylum to-morrow.

We had a subclavicular dislocation in a very muscular man. He had to take chloroform before we could reduce it. I have had three primiparas on my own account, one forceps amongst them.

My father had an interesting case this morning, six miles out in the country. The patient had had four children, and she was pregnant four months, when suddenly she had some hæmorrhage from vagina (a month ago). She was kept in bed in the recumbent position, but each week she had a return of the hæmorrhage, and my father told me then that it would most likely be a placenta prævia if it went on to full time. Three nights ago the hæmorrhage was more severe; the patient was getting weaker, so he decided to induce premature labour. Yesterday morning about 11.30 he introduced a celluloid bougie which I brought out with me for the purpose. He went out and saw the patient yesterday afternoon about five o'clock. Nothing like labour pains had been felt, and the os had dilated but slightly, so he introduced another shorter and thicker bougie alongside the one previously introduced. About 12.30 last night a message came in to say the patient was very bad, so my father drove out. On examination the os was dilated to the size of half-a-crown; the bougies were removed, and the labour proceeded with rather severe pains. It was a breech presentation. My father brought down the feet and arm and released the head; the placenta was found attached to the posterior part of the cervix and over the posterior lip of the os. The patient is doing well. One of the surgeons tied the brachial in the hospital for secondary hæmorrhage after a wound at the elbow joint. I am going to excise an eye to-morrow for growth. I must now conclude, as I think I have tired you already. I thought of the merry gathering round old Guy on New Year's Eve.—I remain, yours faithfully,

Brislington House, W. S. BROWN.
Parramatta, Dec. 31, 1888.

A CASE OF FRACTURED SPINE.

Dear Sir,—I was much interested in the very carefully reported "Case of Fractured Spine," published in the last issue of the Gazette, but I failed to understand the explanation given in the last paragraph of the paper. It is there stated that "nothing in the shape of fracture or dislocation was found post-mortem to account for the damage done to the cord, and the above case seems to have been one of local concussion or laceration going on to softening and destruction." But this does not seem to accord with the facts that the patient was paralysed from the moment of the accident, that during the operation of extension crepitus was produced, which was not only felt but heard, and that the autopsy revealed separation of the 5th and 6th cervical vertebræ. Is it not more probable that the cord was damaged by a forward dislocation of the cervical spine at the time of the accident, and that such dislocation was completely reduced by the extension operation? Dislocation without fracture in this region of the spine is specially noted by Mr. Jacobson (Holmes' System, vol. I., p. 688).—I am, &c., Z.

Passim.

We note with pleasure that the Guy's Maternity Charity is by far the largest in London, and that more than 2,900 cases were attended in the past year. The other side of this picture is that there is often great difficulty in finding Externs to fulfil the duties of the Charity; in fact, the "Charity" often has to fulfil the duties of the Extern. It is not so generally known as it might be that the Medical Council decline to nominate anyone for the post of "Charity" who has not done Extern.

The annual list of alterations in the Examinations of the London University has been published. Elementary Botany will form an optional subject at the Matriculation Examination, and we shall have to get up Anodon, Amphioxus, and Dog-fish for the Preliminary Scientific instead of the Fowl, Pigeon, Helix and Distomum. There are a few changes in the Organic Chemistry of the Intermediate M.B.; but the most important modifications of all will be in the M.S. and M.D. Examinations. Candidates for either of these degrees, or for that in State Medicine, may submit a dissertation or thesis in place of the written papers and commentaries; but they will have to undergo the practical examination, and pass in Mental Physiology as heretofore. This can hardly be said to make the examination any easier, for no Guy's man ever thought of failing in the papers and commentaries on Medicine and Surgery, though the Mental Physiology has been known to prove a stumbling-block.

On Wednesday, March 6th, Dr. Galabin, the newly-elected President of the Obstetrical Society of London, delivered his inaugural address on the progress of obstetric surgery, with special reference to Cæsarian section, and operations for extra-uterine pregnancy. The address will be published in the next number of the Society's Transactions.

We note that the Surgical Clinical Lectures have been changed from Wednesdays to Mondays at 1.30, and will continue so for the remainder of the session.

In the London University Pass List of our last issue Mr. Arthur Leonard Parry was described in error as having passed in Physics instead of in Chemistry.

A fresco executed by Mr. Herbert James Draper has just been completed in the Nurses' dining hall. The painting, which will shortly be open to public view, comprises a group of seventeen life-sized figures and is entitled "Spring." The work has already been visited and greatly approved by Sir Frederick Leighton. We hope to give a more detailed account on some future occasion.

It will be observed that the date of the Examination for the Dissecting Prizes has been changed to Monday, 18th inst.; and that only three days are allowed for the special dissections. Mr. Durham will be pleased to hear that about 50 candidates have entered their names for it.

At a recent Anatomical Examination in a large and well-known Medical School the following question was set:—Give the origin and insertion of the Flexor longus pollicis mani.

Mr. Langham, the Coroner for the district, has become a member of the Guy's Club.

We congratulate Dr. Crook, our late House Physician, on his appointment as Resident Medical Officer to the Asylum for Idiots at Colchester. The post was previously filled by Dr. Caldecott.

We have much pleasure in announcing the appointment of Dr. Washbourn to the Demonstratorship of Bacteriology at Guy's, and also to the post of Assistant-Physician to the London Fever Hospital, Islington.

All Guy's men will rejoice to hear that Dr. Wilks has consented to join Mr. Bettany in

writing the Biographical History of Guy's. No one knows better than Dr. Wilks the history of Guy's from personal acquantance with deceased members of the staff, and his rich store of information and reflection will add very greatly to the value of the book. This announcement will undoubtedly make the joint work still more popular with Guy's men, and we trust that many more names of subscribers will at once be sent either to Mr. Bettany, at 33, Oakhurst Grove, Dulwich, or to Mr. Wells, at the Medical Office. The subscription price, we may again note, is half-a-guinea. A circular will shortly be issued to old Guy's men asking for subscribers' names, but in the meantime the trouble of sending circulars will be obviated in the case of those who send in their names at once. We are also requested to state that any anecdotes of general interest relating to deceased Guy's men will be gladly received, and if suitable made use of, by Mr. Bettany.

We must remind our readers who are cricketers that the opening game is on Friday, May 3rd, at Honor Oak, when as last year a Captain *v.* Secretary's XI. will play. It is especially important that all new men should try to go down to it, as the first Club match is against Beckenham on the next day—*i.e.*, Saturday, May 4th; and there is also the match at the Oval *v.* Surrey Colts on Monday, May 6th.

We are sorry to find that Mr. H. Austen-Smith has been obliged to resign his post as secretary of the Cricket Club in consequence of his dressership; his loss will be considerably felt by the Eleven, for his innings in the Thomas' match last season, when he earned his peculiar but possibly very honourable "agnomen," shows how he can help his side when the game looks lost. A meeting will be held during the next week to elect some one to the post he has from necessity thrown up.

Hospital News.

FORTHCOMING EVENTS.

March 16. Final Meeting of the Physical Society; Dr. Wilks in the Chair.
" 18. 10 a.m. Examination for the Dissecting Prizes begins.
" 22. 10 to 1 and 2 to 5. Michael Harris Prize.
" " 2 to 5. Beaney Prize in Pathology.
" 25. Golding-Bird Prize for Methods of Diagnosis in Disease.
" 26. First Conjoint Examination begins.
" 28. Second Conjoint Examination begins. Winter Session ends.

TUESDAY SERVICES IN THE CHAPEL.

8 P.M. Special Services with Addresses as follows:

Mar. 12.	"Intercession"	Rev. C. H. Griffiths, of St. Stephen's, Lewisham.
" 19.	"Retirement & Silence"	
" 26.	"Watching & Working"	
Apr. 2.	"Prayer for Temporal Blessings"	Rev. H. E. Bevan, Vicar of St. Andrew's, Stoke Newington, & Gresham Lecturer.
" 9,	"Prayer for Spiritual Blessings"	
" 16.		

We have received the first number of a new Journal called *Medical Topics*, with which is incorporated a Medical Black List. It is carefully explained that this list will only contain the names of those who avail themselves of the generosity of the profession to evade those debts which they are genuinely able to pay, but do not choose to. The list appended to this number contains seventy-six names, including such persons as artizans, merchants, clergymen, agents, &c, It will be interesting to see whether such a journal will receive any support from the Medical Profession.

WILKS AND MOXON'S PATHOLOGY.

We are delighted to hear that a new edition of this most characteristic volume has been prepared by Dr. Wilks, and will be ready by the end of the month. A rapid sale among past and present Guy's Students may be safely anticipated.

On Wednesday, March 6th, by the kind permission of the Treasurer, a Meeting of the Anatomical Society of Great Britain and Ireland, was held in the Court Room of Guy's Hospital. Professor Humphry in the chair. Among those present were Messrs. Davies-Colley, Macalister, Thane, Bowles, Thomas Cook (of the School of Anatomy), Howes, Stewart, and Benjamin Howard (author of the "New and Only Method, &c.") Mr. Clement Lucas was elected a Member of the Society.

We are informed that the Treasurer has ordered the erection of a row of lockers in the passage between the Library and Chemical Theatre for the use of Dressers in

the Surgery, and others whose duties keep them in the Hospital beyond the hour at which the Commissionaire's Cloak Room is closed. Many things have recently been lost from the room in which the coats are put, and we are much obliged to the Treasurer for the promptitude with which he has remedied a state of things which was becoming extremely annoying, at least to the sufferers. Students who wish for one of these lockers will be required to make a deposit of five shillings with the Librarian, and they will then receive a key for their exclusive use. The deposit will be returned when the locker is given up. In fact, the procedure is the same as at the other end of the Hospital, except that the deposit is to be made in the Library instead of the Medical Office. This arrangement will be much more convenient for Students whose work is in the wards.

The attention of the Authorities has been called to the large consumption of Methylated Spirits in the Hospital, and, as a good deal is used for bronchitis kettles in the Medical Wards, the Treasurer has, on the recommendation of the Physicians, directed pipes to be laid so that the two beds on either side of the fireplaces in Mary may be within reach of the gas supply, if bronchitis kettles are ordered.

We note with pleasure the recent purchase of several valuable instruments for the use of Clinical and Medical Wards. Among them we may mention a McHardy's Perimeter,—Candidates for the Golding Bird Prize please note,—a very complete Poitain's Aspirator, and a Lund's Insufflator. The last instrument has been modified by Messrs. Down in accordance with the suggestions of the Staff, and the Clinicals complain that ever since it was purchased Intussusceptions have been "practically unknown."

THE EAST COAST OF AFRICA.

The unbeaten tracks of the world are few and far between, but the route round the globe *via* Zanzibar is uncommon—it is not even appreciated by the "globe trotter." On arriving at Capetown in either of the two shipping companies' boats, a stay is desirable for a few days. The visitor should take the opportunity of going to the Kimberley diamond mines and visit the Museum. Science in this part of the world is not extolled, and the Curator of the Museum finds himself rather handicapped. Yet the scientist will find much material put at his disposal by R. Trimen, Esq., F.R.S. The collection of Natal butterflies is particularly fine and unique. The Somerset Hospital is up to date, and, we thought, well arranged. Quitting this enervating town, the traveller takes passage in the Donald Currie to Mozambique, changing there into a British Indian steamer, from whence he proceeds to Aden. At the last town he either returns home or goes eastwards.

The East Coast of Africa has no defined limits, so we will include the South African littoral in our article with the N.E. territory of the Continent. The coast is divided evenly between England, Portugal, and Zanzibar. There is a French Company at Quillimane, and we know the Germans are aiming at power in this part of the world; the Somali coast protectorate is under the Aden Residency. Of all these powers in East Africa Portugal has the prior claim for she first settled on the littoral; the adjoining islands of Madagascar, Mauritius, and the Seychelles were discovered by her. From the Cape to Aden are fifteen calling places, namely, Cape Town, Port Elizabeth, East London, Natal, Delagoa, Inhambane, Chiloane, Quillimane, Mozambique, Ibo, Lindi, Kilwakivingi, Zanzibar, Mombassa, Lamoo, and Aden. The first four are English, the next six Portuguese, five others are Zanzibar possessions, and the last town is British. As the steamer proceeds onwards she calls at all these places, and is delayed twelve to twenty-four hours at most of the towns. At Mozambique she transfers her passengers for Zanzibar and Aden to the British Indian boat, which continues the journey to Aden—the Donald Currie steamer returns back to the Cape. The whole trip takes six weeks, including the delays. The climate of this sandy littoral is unhealthy, but particularly the Portuguese possession. "Malaria," or the term as used along the coast "fever," is the cause of a great deal of the mortality, and we feel this could be lessened by better sanitation. The doctor at Delagoa informed us that this town was in a very bad state; human excreta are discharged into the sandy soil and percolate below—we will expect our readers to guess what disease this encourages, leaving "malaria" *per se*. The malarial attacks very often seize upon one quickly, and the temp. rises at once. An individual, for instance, may go ashore in the afternoon or evening, and the next day is very ill indeed, in fact, quite prostrate with perhaps delirious symptoms and in a dying state. The European residents are subject to attacks from time to time, and while ashore at Delagoa there is invariably an European invalid. In the Consulate we saw two cases. When once infected by the miasm, relapses are frequent, both while the sufferer is in this country and when he leaves—the disease is most treacherous. We are of opinion that single cases among the non-residents is due to "indiscretions." It is not advisable to remain ashore after 5 p.m. at any place along the littoral except above Mozambique. A simple, wholesome, unmixed diet, with little or no alcohol, was what we adopted while sojourning along the littoral of East Africa. Our health was good, and we had great faith in recently-repaired lime juice. This is further proved, for the officers of the steamers plying on this coast are invariably total abstainers—they appear to enjoy the very best health. Ashore, too, we should advise "boots" anointed or sprinkled with a little eucalyptol or such like medicament, to prevent ants and other insects from crawling inside, and thus producing a poisonous wound. An imperceptible bite from a small ant, or even a mosquito, may cause severe erysipelatous symptoms. This brings us to the troublesome mosquitoes, found principally at Quillimane,—here they swarm in

great numbers. Carbolic oil is recommended as a preventative, but it, like other oily applications, are unpleasant—we were not satisfied with the results. Vinegar sprinkled into the sheet or into the pyjamas is more reliable, and we found it enabled us to sleep at night-time; another thing, it keeps off the numerous cabin associates, "cockroaches." Tobacco smoke is no good, but we feel sure the steam carbolic-spray would be a most effective remedy. We wish to confine our article strictly to medical and surgical experiences on this coast; but, to make it apropos, we will describe one place, Zanzibar, mention a few facts about slavery and the races along the littoral, and allude to some osteological remains and a root used for poisoning arrows. Political affairs we will not touch upon.

Zanzibar, a territory situated about 3° N. to 11° 30′ S., is all important at the present time; the islands of Zanzibar and Pemba are by far the richest and most important of the Sultan's dominions. His present Highness, Seyyid Khalifa, succeeded to the throne in March, 1888, through the advice of the English and German Consulates at Zanzibar. During his brother's lifetime and for nine years he was kept in prison "manacled," so his position is unenvious; His Highness is between several fires. Zanzibar has an area of 614 square miles, with a rich soil producing cloves, rice, sugar-cane, manioc, millet, cocoa-nuts, and fruit, especially oranges of the finest quality. The population of the island is 200,000. The chief people are Arab landed proprietors, possessing large plantations and numerous slaves; besides, there are the free blacks and slaves, and about 6,000 natives of India, who are all engaged in commerce, and through whose hands nearly all the foreign trade passes. The Sultan's authority, however, does not extend along the whole coast, and this has enabled Germany to step in and claim a considerable portion. Zanzibar, the chief town, with a population of 80—100,000, is 20 miles wide by 40 long, and is not an unpleasant place to stay at—is more healthy than the other towns along the east shores of Africa; but here, as elsewhere in tropical countries, the climate is very enervating and trying. The points of interest are—the palace and harem, the Universities Mission for freed slaves, and a drive to the interior. We had the opportunity of visiting His Highness, but what struck us most was the army of about 1,000 men. The military discipline is under the control of an Englishman; the band attached to the regiment is complete, and the performers do credit to our National Anthem. North of the island of Zanzibar is an island, "Pemba," to which the slaves are taken: here they slave for their Arab masters, tilling the soil and cultivating the clove. South of the island is a town, Kilwakivingi, the principal market place for slaves in East Africa. They are brought to this rendezvous from the interior of Africa by the Arabs, and are saleable live stock. We saw many of these creatures at the market, and certainly they had picked up since their wearisome journey across the continent—they were fairly nourished. The diet of these slaves is mangoes, but, when at Pemba, an improved dietary is allowed.

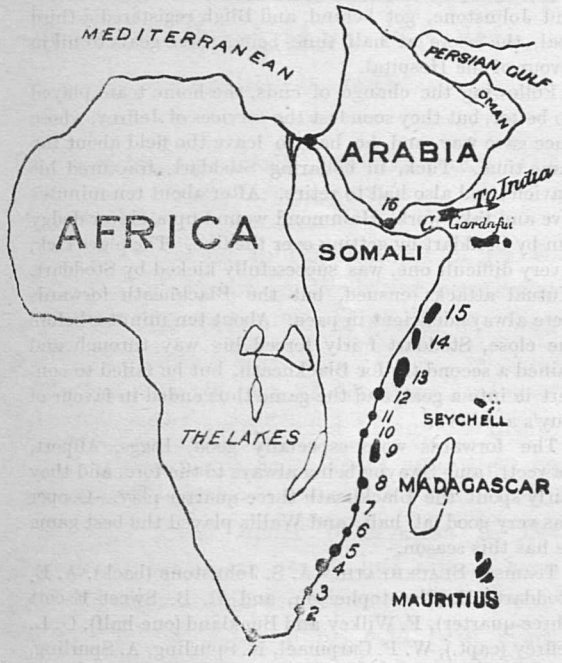
Slavery, now-a-days, is confined to Africa, and there are three ways in which the market is replenished: (*a*) Arabs go into the interior and make war with small tribes and then capture; (*b*) they get big tribes to conquer small tribes, and then bargain for the slaves; (*c*) small tribes fight one among another, and their capture continues.

The principal races along the littoral are,—Kaffirs, Zulus, Amatonga's, Swahilis, and Somalis; these are all negroes with a different configuration about the head and face, *i.e.* in the length of the hair and the shape of the features. One tribe, the Kaffirs, have a peculiar custom of their own, the covering the glans penis with a rush-made cap; in their way of thinking they are naked unless this is applied. We did not hear of evil results accruing, but the unusual length of this organ among the tribe may be thus accounted for. The women likewise possess a covering over the vulva. It is only in parts removed from civilization that one sees these peculiar customs in toto. The black curly hair of the nigger is familiar to us all, but the Amatonga's is long and in tufts falling downwards several inches. The Somali's hair is long and erect as if crimped or electrified, giving him a savage appearance; it is appropriate, for he belongs to the most warlike tribe in Africa. Mentally, the Kaffirs and Zulus excel, vide The Trappist Monastery at Durban; physically, the Zulus carry the palm.

Lamoo we have heard of in "a novel," but we cannot second the author's experience of the "ss. Dunkeld" mentioned in "Allan Quatermain." On the shore of this island, "Shella point," lying on the surface and beneath the sand-hill, are numerous bones and skeletons, among them those of the camel and dog. These can be seen from the deck of the ship as white patches, and are the remains of a battle fought in 1805, in which 2,000 were slain; these have since remained undisturbed by the natives. Skeletons having an earthy appearance are constantly coming to the surface through the shifting sandbank. We made a careful examination of this shore and found that, on exposure to the tropical sun, the bones had become bleached and brittle. We are also certain that the snowy whiteness and eburnation of these bones is not shown in our Museum or at the College of Surgeons. Some femora and tibiæ we noticed were as perfect specimens as we have seen, with all the surface markings most distinct. On examining several skulls we found them the average European thickness, 1–5th inch, with one or two exceptions in which the thickness was just within 1 inch; one example we have shown at the Pathological Society, for we were not quite sure as to its nature—it rests between congenital syphilis and rickets. It has been exposed to the sun's rays and to a moveable sand shore, and thus the oily and other organic products seen in the dense thick calvaria of Museums have been removed. The cancellous tissue is distinct between the tables. The only other features about these skulls were the prominent lower jaws "underhung" and the whiteness of the teeth; there were a few very young clavicles showing that it was a massacre rather than a battle.

Besides the human bones, there were several other specimens, principally of the camel, and of which we have kept a good example. Finally, at Mombassa, we secured a piece of root from which the natives procure a poison for their arrows. This Dr. Stevenson has kindly offered to examine, for it is impossible to find out its origin—the inhabitants refuse to divulge the secret and from what tree they obtain the root.

SIXTEEN CALLING PLACES ALONG THE COAST OF EAST AFRICA.



1	Cape Town	South African littoral.
2	Port Elizabeth	
3	East London	
4	Natal	
5	Delagoa	Portuguese littoral, also marked on the West Coast.
6	Inhambane	
7	Chiloane	
8	Quillimane	
9	Mozambique	
10	Ibo	
11	Lindi	Zanzibar littoral.
12	Kilwakivingi	
13	Zanzibar	
14	Lamoo	
15	Mombassa	
16	Aden	

J. F. BRISCOE.

Feb. 1, 1889.

Sport.

FOOTBALL.

GUY'S v. St. MARY'S.

Played at Leyton on Wednesday, March 6th. Won by Guy's by two goals to love. Exactly four spectators represented the keenness of Guy's about this match, a sufficient index of the popularity of association at a hospital which has won the Hospital Cup four years running, and has now got into the final. It is hoped that a few more will grace the final. Guy's were little together the whole time, and but for the splendid play of Holman and A. T. Brown couldn't have got a goal. It was mainly a give and take game; there was no combination among the forwards except in the right wing, though Smith and Pendred each put in a hot shot towards the end. Both goals were got by A. T. Brown, the first somewhat luckily, the latter by a very good shot following on a shot of Smith's. Holman's play was very good, and the backs played well. Muspratt, however, was out of his place on the right. St. Mary's lacked dash, but might have taught our forwards something in the way of backing each other up. The ground and accommodation were perfect,

INTER-HOSPITAL RUGBY CHALLENGE CUP.
(Semi Final).

ST. THOMAS'S HOSPITAL v. GUY'S HOSPITAL.

Played on Tuesday, February 26th, at Richmond, on the Athletic Ground, and resulted in favor of St. Thomas's who won by 59 points to 1, and were undoubtedly the better team. But it was by no means a runaway match, they having but little advantage during the first half, and after changing ends Guy's more than held their own, and for a time seemed likely to score. But then they went off, and until the finish held the upper hand. Forward there was very little to choose between the fifteen, but behind Guy's were clearly inferior. A large and enthusiastic company was present, including a number of ladies, who were not deterred by the cold, and the snow fortunately held off until the last, and then the fall was very slight. St. Thomas's lost the toss, and kicked off for the first forty minutes from the Pavilion end against a slight wind, and at once forced the play, their forwards soon forcing Guy's to touch down. Their three-quarters, who had been doing well, were now very active, and in Guy's "twenty-five" Bromet received the ball from Pitts-Tucker, and ran in, Cooper failing to score with an easy place kick, Prain once being almost in, when he was collared. Wallis punted usefully into touch at Thomas's end of the ground, and Guy's three-quarters, and back missing the ball, Senior took it into their "twenty-five." Here Northcote passed out to Bromet, and he transferred to Toller, who just succeeded in crossing the line. He took the place-kick himself, but made a poor attempt at goal, half-time arriving almost immediately afterwards, with the score two tries and a touch down for St. Thomas's

to nil. Allport kicked off on changing ends, and the Guy's forwards rushed the ball up, St. Thomas's having to touch down. After the kick out the play was for a little in Guy's half. After some very hard play Dewhurst picked up and passed to Bromet, who handed to Prain, the latter falling on the goal line, but just managing to scramble over. Toller made a very good attempt at goal, but without success. The play remained in the same quarter after the kick-out, when, very shortly, Bromet passed to Goodhue (who played fourth three-quarter whenever Guy's goal was attacked), and he made a fine run in, forcing his way through all opposition, and pretending to pass. Lambert scored a goal from in front of the posts. A long kick by Bromet soon caused Guy's to touch down again, and then once more after a run from mid-field by Prain, who was collared on the goal line. Thomas continued to press, and in Guy's half Senior passed to Goodhue, and he to Toller, who ran nearly in at the last moment, passing to Northcote, who however, was forced into touch in goal. "No side!" was instantly called, and St. Thomas's were the winners by one goal, three tries, three touches down, and one touch in goal, and fifty-nine points to one touch down equal to one point for Guy's. All the winners' backs played well, Senior and Prain perhaps being the best, but there was little to choose, and the same can be said of the forwards, even if Dewhurst, Forde, and Goodhue are especially mentioned. For Guy's, Cooper at half did well, as certainly did Bryant, but they might have passed a little more. Biggs, Allport, Swayne, and Fawcett were conspicuous among the forwards, but they all showed to advantage, and as said above were quite equal to those of their opponents. Messrs. W. B. Carpmael and A. Richmond were the umpires, Mr. E. G. Finch (Middlesex Wanderers) being referee. Sides—

St. Thomas's.—A. S. Gedge (back), J. L Prain, E. C. Bromet and N. P. F. Toller (three-quarter backs), E. W. Senior and P. Northcote (half-backs), H. J. Cooper, J. H. Dewhurst, T. A. M. Forde (captain), F. W. Goodhue, J. R. Harper, W. Jackson, T. W. Lambert, C. C. Moxon, and F. A. Pitts-Tucker.

Guy's.—T. B. Yorath (back), S. S. Wallis, W. G. Mitchell, and E. S. Tuck (three-quarter backs), H. Cooper and J. H. Bryant (half-backs), J. J. Biggs, A. Allport (captain), F. G. Swayne, J. J. Fawoett, W. Bligh, N. Instone, H. B. Rygate, H. Wilks, and E. M. Pilcher.

BLACKHEATH v. GUY'S HOSPITAL.

Played at the Rectory Field on Saturday, March 2nd, before a good attendance, including a large number of ladies, and ended in a win for the Hospital—three goals to a goal and a try, much to the surprise of the Blackheath crowd. *The Sportsman* says, "Blackheath put a very fair team into the field, but nevertheless were beaten. At all points the visitors were the best, their forwards exhibited far more dash and pace, whilst, with the exception of Stoddart, those playing behind for Blackheath gave a very tame exhibition. Guy's are always best in the scrimmages, and the score already mentioned by no means represents the full measure of their superiority."

Guy's won the toss, and Jeffrey started the ball from the Blackheath end. After some fast, forward play, in which Guy's were much the best, about twenty minutes after the start, Biggs, from a throw in, got the ball and made a dashing run through the opposing backs and obtained a try, which Bligh converted. Blackheath continued to have all the worst of the game, and, in addition to again touching down, had another point registered against them, Biggs once more obtaining the try, and Bligh converting. Nor was this all: from the kick out Bryant got possession, and although tackled by Stoddart and Johnstone, got behind, and Bligh registered a third goal, the score at half time being three goals to nil in favour of the Hospital.

Following the change of ends, the home team played up better, but they soon lost the services of Jeffrey, whose knee gave way, and he had to leave the field about the same time. Tuck, in collaring Stoddart, fractured his clavicle, and also had to retire. After about ten minutes give and take work, Hammond wound up a clever dodgy run by Stoddart by getting over the line. The place kick, a very difficult one, was successfully kicked by Stoddart. Mutual attacks ensued, but the Blackheath forwards were always deficient in pace. About ten minutes before the close, Stoddart fairly forced his way through and gained a second try for Blackheath, but he failed to convert it into a goal, and the game thus ended in favour of Guy's as above.

The forwards were especially good, Biggs, Allport, Fawcett, and Swayne being always to the fore, and they fairly spoilt the Blackheath three-quarter play. Cooper was very good at half, and Wallis played the best game he has this season.

Teams. Blackheath.—A. S. Johnstone (back), A. E. Stoddart, K. Christopherson, and R. B. Sweet Escott (three-quarter), F. Wilkey and Buckland (one-half), G. L. Jeffrey (capt.), W. P. Carpmael, N. Spurling, A. Spurling, T. Bennett, E. W. Bishop, T. Hammond, H. Le Fleming and A. Chine (forwards).

Guy's Hospital.—S. S. Wallis (back), E. S. Tuck, C. J. Prime, and J. W. Ensor (three-quarter), H. Cooper and J. H. Bryant (one-half), A. Allport (capt.), F. G. Swayne, J. Fawcett, H. B. Rygate, W. Bligh, H. Wilks, J. J. Biggs, C. S. Pantin and N. Instone (forwards).

Advertisements.

For the convenience of Guy's men, a list is kept in the Medical Office of qualified gentlemen who are desirons of purchasing Practices, Partnerships, or acting as Locum Tenens or Assistants. Advertisments can be inserted in this column—price 2s. 6d. each.

THE Wife of a Medical Man (Guyite) has Vacancies for Children in her family. Number limited to six. One, the child of a deceased medical man, receives a free education.—Apply, Mrs. Ingram Stevens, Hoddesdon, Herts.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Subscribers who wish to have their GAZETTES *for 1888 bound in one volume, should leave the numbers, with the Index published on January 19th, with the Librarian without delay. The cost of binding in the Hospital colours is one shilling and sixpence.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

MARCH 30, 1889.

AN UNUSUAL CASE OF CANCER OF THE STOMACH.

We are indebted to the kindness of Dr. E. A. Starling, of Tunbridge Wells, for permission to publish this case. The specimen has been presented to Guy's Museum.

History.—Mr. W., æt. 77, Surveyor, had been a "a free liver," not addicted to any one drink, but a "soaker" till eight years ago, when he became an abstainer.

He first came under observation in the summer of 1887; his health had always been good and vigorous till the beginning of that year (and indeed he kept up his cold bath every morning till within a week of his death); he then complained of indigestion, thirst, loss of appetite, wasting, constipation, and attacks of vertigo—every meal gave more or less discomfort at the epigastrium, but solids (especially meat) caused actual pain, frequently followed by vomiting, and this always gave ease. Vomiting occurred two or three hours after the meal, and consisted of mucus and semi-digested food; never any blood.

On Admission.—His appearance was extremely thin, subcutaneous fat had almost disappeared, and the skin was dry and shrivelled. Nothing abnormal was present in the lungs or heart; the radial artery was hard. P. 80. Tongue clean and moist. Hepatic and splenic dulness not increased. No evidence of dilatation of stomach, but something hard and immovable could be felt in the epigastric region. Motions hard and lumpy, light in colour, and gave pain on passing. Urine clear, no deposit, acid, 1025; no albumen or sugar. This was its condition throughout.

Diagnosis.—Some of the symptoms seemed to point to pyloric obstruction, but the absence of dilatation of the stomach and the immobility of the tumour were opposed to this, and his previous history and present symptoms seemed compatible with some lesion of the stomach itself.

Progress.—He improved under dieting and medicine, and was lost sight of till January, 1888. He was then much thinner and weaker, and could keep nothing on his stomach; no matter what food he took, even bread and biscuits, it always returned in about half an hour. The tumour was now more distinct, for the abdomen was very retracted. It was sausage-shaped, and lay across the spine in the region of the pancreas. I thought it possibly was that organ, or some new growth. In addition to the vomiting there was a constant hawking up of viscid tenacious mucus, so thick that when lying down at night it almost choked him. He was fed regularly by nutrient enemata. An œsophageal bougie passed readily for 18 inches from the teeth, and was then arrested. The tube of a stomach-pump was tried with the same result, but a little steady pressure overcame the resistance, and it passed on. With the intention of washing out the stomach, 12 oz. of warm water were injected, but none would return in the syringe. He was now fed by the tube, and the operation was repeated on two or three subsequent occasions; but as he dreaded it greatly, it was soon given up. Gastrostomy was proposed, but declined. He rapidly became weaker, and died on January 18, 1888.

Autopsy.—Only a partial inspection was permitted. An oblique incision as for gastrostomy was made, but no stomach could be found, till the abdomen was fully opened; then it was lying on the spine, small, hard, and fixed, looking "like an india-rubber bottle." The œsophagus was soft and healthy in its lower part. Liver, spleen, kidneys, and glands, all healthy.

Further examination of the stomach showed that the cardiac orifice was tightly contracted, and some force was required to introduce the little finger. The pylorus was quite free. On opening it, no ulceration was seen, but its walls were thickened throughout to the extent of half an inch, the thickening ceasing suddenly at the cardiac and pyloric orifices. Its cavity could only hold two ounces. On section, the wall was quite dry, and showed thickening of the muscular and submucous layers. Microscopically the submucous tissue was infiltrated with small spheroidal epithelial cells, running somewhat in lines among the fibrous tissue, as in a scirrhus of the breast. The origin of the growth in the deeper part of the gland tubules, forming small alveoli, and breaking through the muscularis mucosæ, could be easily seen in places. The muscular coat of the stomach was but slightly affected.

Remarks.—The chief points of interest seem to be:—

1. The vague nature of the symptoms.

2. Not until a year before death was there anything to attract attention to the stomach as the part affected, though it must have been then nearly, if not quite, in this condition.

3. The difficulties that would have arisen if gastrostomy had been attempted, owing to the thickened, contracted condition of the stomach.

Pathologically, the condition agrees with the "fibroid induration or cirrhosis of the stomach" as described in the books, and may be allied to the local fibroid thickening of the pylorus. There was a history of drink; but unless that set up some chronic gastritis, and so brought about this change, it can hardly be placed to the credit of alcohol.

ALGIERS.

(Continued.)

A brief description of the costumes of the other races mentioned may be interesting. The Moors, a mixed race descendants of Arabs, Turks and Europeans, are the present representatives of the private population of old Algiers. Generally tall, graceful and erect, with fine features and brightly coloured dress, they are, both by their number and appearance, the most prominent figures in the busier streets of Algiers.

They wear a richly embroidered short coat and vest, wide silk sash and bag trousers, while their head is covered with a fez, and either a plain white turban, or else a white turban beautifully embroidered with old gold coloured silk.

The colours of their dress are almost invariably of light shade, and their combinations numerous but always elegant.

Perhaps it was most common to see a Moor in a yellowish cream-coloured coat, light pink sash, and white bag trousers, while over his left shoulder he carried a white cloak.

The dress of the Jew is very similar to that of the Moor but is much darker in colour; turban, coat and bag trousers, may be all deep blue or even black, while round his waist he wears a deep red or less often a deep blue sash. He generally, too, has stockings, of light blue or grey colour.

The costume of the Jew is as handsome as that of the Moor, is light and elegant, but in figure he is less striking, since he is shorter and walks with a slight stoop.

In ease and graceful dignity the Moor is, however, surpassed by the Arab; on the afternoon of our arrival there was abundant opportunity for watching his movements, since after the sun had dropped behind the hills throwing a shade over the town, several members of his race slowly paced up and down, or chatted at corners of, the wide Place de Gouvernement. His slow walk, though dignified, might give the impression of physical apathy, but the rapid fling of part of his burnous over one shoulder or the sudden throwing of his arms behind him, are unmistakeable evidences of a latent energy. The features, as well as the dress, are too well known to need description, but it may be remarked that till I saw an Arab, I never properly appreciated the beauty of simple drapery. There is no colour to attract, but the elegance of the folds of the burnous as it hangs thrown back over the right shoulder, is perhaps more to be admired than the brightness of the more brilliant but less graceful costumes. Other races to be seen in the streets of Algiers are the Biskris, Negroes and Kobyles. Interesting figures, too, are the Arab women and Jewesses.

The dress of the Jewess is more European than that of her lord, the most curious part of it is her coiffure. A black silk handkerchief is tied tightly over the head, completely covering the hair, while a long piece of embroidered gauze passes round the chin, is pinned to the

back of the silk handkerchief, and falls in long folds half way down the back.

In our wanderings we endeavoured to enter a Mosque close to the harbour, but, taking a wrong door, intruded upon a Moorish matrimonial law court. What first attracted our attention, seen through another door, were two or three sedate old Moors sitting crosslegged on a bench; but a curious rustling of garments betrayed the presence of others in the small dark room in which we were standing. They were three or four Arab women all rapidly arranging their toilet, bestowing upon the adjor, that portion of their dress which covers the lower part of their face, the greater part of their attention. It appeared to me that they were endeavouring to vie with one another in manifestations of modesty. They were witnesses, plaintiffs or defendants, in this matrimonial law court, but not being allowed to enter the court itself were to give evidence from this room at the side through a hole in the wall.

Passing through the Rue Kleber, the arcades of which were crowded with examples of all the above mentioned figures, we entered the Arab quarter. The Arab quarter is, to one just fresh from Europe, naturally the most interesting part of Algiers. The narrow winding streets lined by white plastered houses, with small iron-grated windows high up, and curious carved arched doorways, are as novel as their occupants.

Here the path passes right under a house which is built over it: there one gets a glimpse through an open door of a Moorish court surrounded by its twisted carved pillars. We passed through rows of small open shops; some contained turbaned merchants sitting composedly in the midst of their wares, others Arabs, or Kobyles, busy making shoes or embroidering the burnous. A hubbub of boys' voices indicated the position of a school, all the youthful members of which, seated crosslegged, were repeating, all at the same time, verses of the Koran. The schoolmaster was endeavouring with a cane to administer correction upon the toes of one unfortunate individual, but, so far as I could see, he managed to keep them out of harm's way.

Having received, some weeks before, an invitation from an English lady living a few miles out of Algiers, we left late in the afternoon. In a three-horse omnibus, we slowly travelled in a zig-zag manner up the steep hill to Mustapha Supericeerl.

Mustapha Supericeerl is the fashionable suburb, and as we approached it, we passed numerous villas on either side of the road. These villas, many of them old Moorish mansions, belong in great part to English winter residents. The great charm of them is their beautiful gardens. To see poinsettas, those cherished darlings of the English hot-house, growing in great bushes in January gardens, to wander under the shade of magnolias and pepper trees, to be pursued by the perfume of orange flowers, to be surrounded by walls of myrtle and geranium bush: these are delights which surely must be felt to be appreciated.

It was early in September, however, when we first gazed on Algerian gardens, but they were none the less pleasing, and were mostly without that stiffness and extreme tidiness which seems to me so to detract from the beauty of gardens on the Riviera. No doubt much of this is owing to the fact that they were originally laid out by the Moors.

The Moors of Algiers, like their co-religionists in Spain, were fond of beautiful trees and shrubs. The latter imported and naturalized examples from various parts of the globe, and I think the Algerians must have done the same to some extent. Afterwards, when wandering through the country, on coming across some quaint tree or a shrub, that did not appear to be indigenous, I found myself to be standing in the garden of some old Moorish house, the one allowed to run wild, the other in ruins.

After passing Mustapha, the road was still winding and hilly. On either side were cultivated areas intermingled with patches of Mediterranean heath, and woods of the Aleppo pine, the undergrowth of which was wild asparagus. Pretty little streams ran at the bottom of small ravines bordered by oleanders and tall grasses; while, higher up, grew several trees of English appearance, two or three species of ash, the grey poplar, the chestnut, an elm, and amongst them others not so familiar to us, such as the olive, karouba, cork and evergreen oaks.

In the gardens were the orange, lemon, almond, pomegranate, two kinds of mulberry, while, grouped round the little wayside houses were eucalyptis acacia, with here and there a palm.

Striking objects, too, were the pretty flowering shrubs and the creepers growing over the cottage verandahs, a very noticeable one was a large convolvulus, the flowers of which measured from three to four inches across. Other interesting plants were the aloe and cactus, the tall flowers of the former were just over, but the latter was covered with its pretty orange fruit, the colour of which harmonises so well with its greyish green leaves. It has often occurred to me that our distinction between what we call good taste and bad taste as regards colour, may be rather arbitrary and depend a great deal upon education; but I think in reality good taste gets its ideas from nature, and have repeatedly noticed that what we consider the most artistic combinations in decoration are very common in nature. For example, what can surpass the beautiful mixture of greys, greens and browns in old lichen-covered rock, lightened here and there by little bright spots of yellow? how delicately pretty too is often the blending of colour in some of the sand-stores. You will notice also that very frequently in nature where there is a bright almost startling colour, there is associated with it a very dark shade, often black, The red admiral butterfly is a good example of this.

Interesting and picturesque objects on the way were the old Moorish noriahs, the wells from which the water is drawn up by means of mules or horses. Other interesting objects are the fountains. That situated in Birkhadem, our destination, has a central domed and arched

portion, faced with marble and ornamented with twisted columns, while on either side are large troughs through which the water flows.

We arrived at the house of our hostess just before dark, and found that she had driven into the town in the morning to meet us, but we had missed. This lady, the wife of an officer, who winters every year in Algiers, has taken up vine-growing as a hobby, and had returned a few days before to superintend the vintage.

The following morning on waking, the sun was shining brightly through the open window, while the familiar notes of several birds, of the blackbird, titmice, wren, swallow, house marten and greenfinch were heard. The orphean warbler, a beautiful songster, not heard in England, though its voice not strange to me, was singing beautifully. Several birds, about the size of starlings, came flying towards the house, rising and falling alternately in the act. Their notes and their evolutions were new to me, but I found, later in the day, that they were that most beautiful of the bird visitors to Southern Europe, the bee-eater.

(To be continued.)

A THEORY OF SMALLPOX.

By R. A. Birdwood, M.B.

During the past year, I have been permitted to record in the Guy's Hospital Gazette a series of observations on the manifestations of smallpox. The facts related seem to be inconsistent with the theory, that a process akin to fermentation is going on within the blood vascular tree in an attack of that disease. They seem to support the opinion that the morbid process is a surface mycosis. The pathological results of the growth of organisms in the superficial structures of the body are fairly well understood; and the life history of some of these micro-organisms is known. The growth of the Oidium albicans on the mucous membrane produces an eruption resembling the eruption on the same structure due to the growth of the micrococcus variolæ. The growth of the Trichophyton tonsurans in the skin produces lesions differing from the pocks of smallpox only in degree. Indeed, the sycosis of smallpox is indistinguishable from ordinary sycosis; pustular parasitic dermatitis may be quite as severe as the pustular eruption of confluent smallpox: the eruption of modified smallpox quite as slight as the papulation and vesiculation of ringworm. I would suggest that the variolous eruption on the mucous membrane, and the pocks on the skin, are homologous and comparable with the eruptions produced by well known vegetable surface parasites. The variolous organism has been seen, described and cultivated. For information on this subject, consult Dr. Buist's "Vaccinia and Variola." It will probably be readily admitted that either this organism or its spores are dispersed in the atmosphere around a patient, and that the usual mode of infection is by air carried particles. So far the zymotic theory goes with the one I am proposing to substitute for it. The zymotic theory supposes that these spores are absorbed into the blood: that they there multiply, feeding on the blood and altering its composition. When the process is complete, the disease products are expelled from the system: the eruption being a sort of purification of the blood. I submit that the facts do not support such a contention, but that all the manifestations are more readily explained on the supposition that wherever a spore is deposited on a suitable soil it develops locally, and by its growth produces a localized inflammation: the constitutional symptoms are brought about by the functions of the surface being arrested owing to destruction of tissue; or stated shortly, smallpox is a surface mycosis, not a blood zymosis.

Taking first the period of incubation, it is hardly likely that an organism could be growing in the blood for twelve days or so without producing any symptoms whatever. That the period would not vary much, although the quantity of blood in an adult is such a large multiple of the quantity in a child. When the period does vary, it does not depend on the size of the individual affected. It is also altogether opposed to our knowledge of fermentations that two separate fermentative processes should be going on together in the same fluid. But persons suffering from other zymotic diseases may be vaccinated or variolated: the converse is also true. This may happen during the incubative stage of either disease. The concurrence of two distinct so called zymotic diseases almost proves that one of them, at any rate, is not a zymotic disease. On the other hand, the period of incubation not being attended with symptoms is readily explained on the hypothesis: that infection is deposition of air carried spores on the surface, and that these spores do not irritate till they have grown through the superficial insensitive layer. On the skin, the spores are rubbed into the orifices of the glands, as dust is in acne punctata, or they adhere to skin near a hair: when they have multiplied sufficiently to block up the passages, irritation may then begin. The periods of such growths may be about twelve days. That there are spores in the skin during the period is demonstrated by the case quoted by Dr. Fagge of a skin graft removed during the incubation of smallpox communicating the disease.

Next the distribution of pocks corresponds with the distribution of dust on the bodies of workers in dust-laden atmospheres; the exceptional distribution of pocks can generally be explained by exceptional circumstances of exposure to infection. In fact, if instead of dust we could substitute a spray of croton oil or blistering fluid, an eruption corresponding in distribution with the eruption of smallpox would be produced. Now this would not be so if the eruption is caused by the expulsion of something from the blood, for then the eruption should be abundant on parts where it is absent. Personally, I doubt the occurrence of pocks on the fœtus: I am aware that overwhelming authority can be quoted against me. However that may be, I plead for more investigation by

competent observers. Still, it is as difficult to explain on one theory as on the other: for I presume the zymotic theory would suppose a separate fermentation of the fœtal blood. I admit that the fœtus acquires immunity against smallpox, but that can be accounted for otherwise: the chemical argument opposed to the biological. I am informed that it is a common belief that babies may be born with ringworm eruption well developed. Perhaps phagocytes can carry living spores from the skin of the mother to the skin of the fœtus. So far from regarding blood as pabulum for the micrococcus variolæ, I hold an older pathological doctrine that blood is the life of all flesh. That in smallpox, when the spores' growths have invaded the cuticle and approach the vascular structures, they are treated as foreign bodies, and attacked in the ordinary ways. That the phagocytes destroy vast numbers of spores, and, judging from the lumbar pain of the initial illness, the dead spores are excreted at the kidneys, the pain being caused by the distention of the capsules. This is supported by the fact that micrococci abound in the kidneys in fatal cases. Later, the spores kill the leucocytes, forming pustules. That some spores are taken prisoners, as it were, is probable from the late occurrence of deep seated suppuration, but most likely these suppurations are due to other wound infections. I am merely offering a possible explanation of a fact (if it be a fact) that at present tells most strongly against the opinions I have been supporting. But, as I before stated, I doubt the possibility of the occurrence of the distinctive eruption of smallpox on the fœtus. I have seen petechiæ; but these are not pocks, and are quite differently caused.

The third proposition is that the circumstances of infection determine the amount of eruption. I have quoted some striking instances, but almost every case in which the history of infection is known with anything approaching accuracy, it is evident. I, myself, have no doubt about the truth of this law. There is really nothing novel about it. Discrete smallpox was known in England before vaccination was practiced, and the English people exposed their children to smallpox so that they might take it mildly. An aged labourer told me that he had a distinct recollection of being taken when a child to see another child suffering from smallpox so that he might catch it himself. It is illegal to do so now in England, but this man had no hesitation whatever in stating that it was practiced because of the mild eruption resulting from short exposures. A friend of mine, some time a clergyman at Capetown, told me that the Malays at the Cape infected themselves intentionally by means of clothing that had been used by smallpox patients. Amongst the most prized possessions of a Malay are smallpox-smeared rags: it being customary to distribute them amongst friends. This also is not permitted in England. I am not at all certain that our practice is as good in preventing fatal smallpox. Believers in the zymotic theory are obliged to dispute the correctness of these observations, for they know that a little leaven leaveneth the whole lump, and it would make no difference in the amount of the pock eruption whether many or few spores were absorbed into the blood.

By your kindness I have exceeded reasonable limits, and I am indebted to you for having permitted me to do so. The opinions I have expressed are not generally held, but they are not opposed to modern speculations on the causation of febrile diseases. I assure my veteran critic, himself a worker at the extermination of smallpox, that I hope I have not misled any "unthinking and inexperienced" youth. My aim has been to point out an unexplored field in medicine: if possible, to find out the truth about vaccination, and in the meantime avoid denouncing those who are opposed to it. May I go a step further and say we might acknowledge and profit by the lesson Leicester is teaching us: to rely more on notification, isolation and disinfection than on vaccination according to law.

Hospital Ships, Long Reach, near Dartford, Kent.
10th Feb., 1889.

GUY'S ASSOCIATIONS BELOW THE SURFACE.

Not the least interesting associations of Guy's, and its immediate neighbourhood, are the plentiful evidences of Roman occupation, say of about the fourth century or a little later; this feature is very common widely over Southwark. I have a map constructed by a late notable antiquary, George Gwilt, in which the places where the remains were found have been shown, with a note of the "find." It produces in one a sensation of wonderment, to observe that a great people, so advanced in arts, in war and in government, should, fourteen hundred years ago, have had their homes, elegant villas some of them were, on this very spot, at a somewhat eight or ten feet lower level than we are. At that time Rome was our master; from the abundant remains we find when making sewers or digging deep foundations, we infer that there must have been a large colony of that people in Southwark. We have evidences in some of these remains of the strife of religions: the pagan, which yet held the land, and the Christian, which was beginning to proselytize.*

The great quantity of remains imply a sudden disruption, the flight or death of an alien or dominant people. The remains so plentifully found seem to have settled down upon the peat which had itself been formed and been settled down in accord with the condition of our marshy soil, for in the earliest time our land here was, at high tides, and, indeed, at tides a little less than high, covered with water back to the hills, and this quasi perpetual wet was favourable to the formation of peat; upon this Roman dwellings were built, founded, of course, upon wooden piles driven into the peat. In 1841, in digging the foundation of a wing of St. Thomas's Hospital

* Any one curious can get great insight into those times from a little volume, "Early Roman Britain," by Prebendary Scarth.—Society for Promoting Christian Knowledge.—Price, 2s. 6d.

about eight or ten feet down, the perfect flooring of a room was discovered, tesselated, in the skilful tasteful manner of the Roman people, having walls and passages leading to other apartments, with skilled provisions for warming and ventilation, which would not discredit even these sanitary times. All was constructed upon piles driven into the subsoil. Near at hand, were coins of Claudius, Domitian, Valens and Gratian; terra cotta lamps and pottery of skilled and ornamental make were found, and these were evidently known by the makers to be of good material and workmanship, and so were marked with the names of the potters. On the tesselated floors were small brass coins of the Constantine family, implying, I think, a time of sudden flight or destruction of the Roman family.

Dr. Odling's account of the strata underneath Guy's, includes made ground about twelve feet in depth, and under that a light layer of peat, of fir cones, moss, &c., in which Roman pots, pans, and relics of food lay, and under that gravel and bones. Another report of 1859, by the Society of Engineers, gives us three feet of peat, and other like particulars, beginning about eleven feet down.

A few years since, at nearly the same depth, under the King's Head, close to us, was discovered a large collection of Roman domestic pottery of almost every known type, of great beauty and variety, bearing some twenty distinct potters' marks, as, for instance, "Off Primi," *i.e.*, the workshop of Primus the potter. There were also British urns, and tiles used in making the hypocaust channels, for warming and ventilation. Coins of Claudius, Justinian, and others were also found here. Near at hand also were burial places, the Roman custom being to bury along the highways outside the city, and, therefore, out of London.

Earthen lamps, urns, vessels of many sorts are plentiful. At the back gates of Guy's, in Snows Fields, many were found in 1818, and of these now in my possession, a small opaline glass bottle, called, perhaps erroneously, a lacrymatory or tear bottle; I say perhaps, for the modern opinion is that they were bottles for containing unguents or scents used in burials of the dead. This may not, however, be correct after all, for we have spoon-like instruments which might have been for use in the tear ceremony at the burial; and Psalm 56–8 seems to imply an old custom of the sort—indeed, I have seen the picture of a Roman tear bottle the exact shape of a tear, taken from a Southwark cemetery.

Not far off was found a bowl of coins, where was once apparently the lap of a skeleton. In the Museum of the College of Surgeons, is to be seen, sunk deep in the eye socket, a coin, which may have been placed as a makeweight upon the eye-lid of a Roman corpse, or have been a coin furnished to the dead with the idea of finding money to Charon the ferryman, whose duty it was to convey the dead over the styx, and so the coin became "Charon's penny" with those who believed in the myth.

One of our notable old surgeons, Mr. Wadd, left us a charming piece of professional wit upon this subject. A Roman quack was waiting for the ferryman, and tendered his penny, which was usually protruded from the mouth.

> "The quack to Charon would his penny pay—
> The grateful ferryman was heard to say,
> Return, my friend, and live for ages more,
> Or I must drag my useless boat ashore."

A STUDENT AT GUY'S, 1830.

On March 20th, 1888, at 8 a.m., I was called to see C. C., aged $1\frac{1}{4}$ years. On my arrival was told that at 7.30 his mother had given him her rings to play with (being, I suppose, suitable playthings for a child of that age), and a little before 8 o'clock noticed the absence of her wedding ring. It was not found in the room, where the child had been, and so they very rightly came to the conclusion that the child had swallowed it. The child looked perfectly happy and I could find no trace of the ring. I ordered it to be fed on constipating diet, and wait.

21st and 22nd. Child was all right and had only one small action of its bowels.

23rd. I may say that I had been treating the child off and on during the winter for bronchitis, and its bowels were naturally constipated; also it was a seven months' child, and had at one time a small congenital hernia. This latter made me rather anxious. Then, I suppose, to make it more interesting, the baby gets an attack of bronchitis on this date.

In the afternoon, 3 o'clock, gave him an enema (soap and water), and I was pleased to see the ring come away, having previously felt it with my little finger. Bronchitis also better in two or three days.

It is not often a wedding ring goes through the alimentary canal of an infant.

T. H.

P.S.—The woman was at this time three months' pregnant. On examining the child at its birth I found a small subcutaneous nævus on the *little* finger of the left hand. Was this a case of "maternal impression?"

Passim.

The end of the Session brings with it the agonies of Examination, and the pleasant anticipations of an Easter holiday. The details of the former are given in another column; the latter can take care of themselves.

Circumstances over which they had no control prevented all the Clinical Clerks, Dressers and others, save one, from entering for the Golding-Bird Prize for Methods in Diagnosis. This one, however, is the genuine article, for he is Hall-marked. As this is only the second year since the foundation of the prize, and the character of the Examination does not seem to be generally known, we shall give a full account of it next time.

Applications have been invited for the new appointment of Clinical Assistant in the Eye Department. Naturally some people are asking whether this appointment will interfere with the Dressers in the Eye Wards, and enquirers, who desire full information, are referred to Mr. Brailey. We learn, however, that there is no intention of altering the duties, or diminishing the privileges of the Dressers. The business of the Ophthalmic Assistant will be to help the Ophthalmic Surgeons in refraction cases, thus leaving the Surgeons more time for teaching those parts of Ophthalmic practice which are of more importance for the student who is to become a General Practitioner. At the same time the Dressers will be taught "Spectacles" as heretofore. The list closed on Wednesday, and we hear there are three applicants.

The dissecting room presented a novel sight last Wednesday week at the close of the examination for the Arthur Durham Prize for proficiency in dissection. The tables were covered with little "parts," neatly got out and labelled, broken nerves having been dexterously tied, and lymphatic glands carefully pinned in, and the whole set off to the best advantage. Then the business of adjudication began. The judges were Messrs. Davies-Colley, Lucas, Poland, Dunn, Dr. Washbourn, and the generous donor of the prize, Mr. A. E. Durham. The senior prize was won by Mr. Dixon for a very fine dissection of an axilla, and Messrs. Daldy & Mackeson were commended. The prize for first year's students fell to Mr. Leathes, his "part" being the muscles of the hand, while the following were commended: Messrs. Pantin, Hinds and Drake. Many of the unsuccessful dissections were very creditable, and are now being pickled for future use. Some were made very ornate by means of coloured glass rods and the like. It was noised in the dissecting room that this procedure had apparently paid, and one disconsolate youth was heard to remark that next year he would bring a little parsley.

Dr. Beaney, of Melbourne, is about to found a free library and working man's institute at Canterbury, his native city. His name is familiar to Guy's men in connection with a prize in Pathology, the examination for which has taken place this week, and will be fully reported in our next issue.

On Friday, there was a private view of the beautiful fresco in the Nurses' Refectory, or, in the vulgar tongue, dining-hall. Several members of the staff were among the visitors. One captious critic thought that the Draper of the figures had not followed any special period, place, or clime, in designing the robes; but there can be little doubt that he was, as usual, quite wrong.

A newly-established medical man, trying to impress old G.P. with the flourishing state of his practice, said, "And do you know, sir, I had to get up three times last night." "Ah!" said the old cynic, "I should advise you to get some Keating's powder."

An old lady says she has never felt the same body since the doctors gave her chloroforlorn.

"Poor little dear," said the mother, "he's had lots of operations done on him. He was glorified three times when he was in here last winter."

PYREXIA.

The word "Pyrexia" signifies—as its derivation from the Greek informs us—heat, elevation of the natural temperature of the body, or fever. It is one of the complicating conditions which arise in the course of almost every disease, more usually in purely medical cases, rise of temperature being one of the marked features of most infective diseases, but also met with in surgery, under the name of surgical or traumatic fever, as the result of septic processes following mechanical injury to the tissues.

As an important accompaniment of other symptoms, it attracted the notice of the ancient writers, but does not seem to have received the attention it deserves until more recent times, when the invention of the clinical thermometer in the latter half of the present century rendered the study of pyrexia infinitely more practicable than under former conditions. The temperature of the body may be taken by the thermometer in various regions, the most usual being the mouth, the rectum, the axilla, and the groin. Of these positions the results obtained from observation in the rectum are most reliable; but as it is not always convenient to place a thermometer in that part, the axilla is usually selected, care being taken to keep the bulb of the instrument next the skin. It is important to note, that the indications obtained by these means do not represent the temperature of the cutaneous, but of the deep structures.

The normal temperature of the body being a quantity varying from 98° to 99° Fahr., it becomes an interesting and important question to decide when it shall have so far exceeded this point as to have entered on the pyretic state. According to Wunderlich, when the temperature reaches 100°, the patient may be said to be in a slight state of fever; and he gives a table, attempting to classify the degrees of pyrexia, beginning at the subfebrile condition at 100°, and ending with the hyperpyretic, which last term he applies to temperatures above 105°. The temperature may exceed this point without being fatal to the patient, the thermometer reaching 107° (and even a little higher) in typhus. When it passes this limit the prognosis becomes unfavourable. Nevertheless, a few instances of extraordinarily high temperatures are said to have been observed. Thus, to quote a few recorded hyperpyrexial temperatures:—In a case of phthisis, under the care of Dr. Moxon in 1879, the thermometer one evening reached 110·8; Dr. Donkin records a case in which the temperature once reached, in the course of recovery from enteric fever, 111·6; while a most remarkable case mentioned by Mr. J. W. Teale in the Clinical Transactions, the thermometer is said to have touched 122°. One cannot help feeling somewhat sceptical as to the accuracy of the latter observation.

We next come to the question of the nature of pyrexia and of its ætiology, and on this subject several theories have been advanced. Of these it is necessary only to notice the more important. Traube, about twenty-five years ago, put forward the hypothesis that the same amount of heat is generated during the febrile state as in health, and that pyrexia consists in a diminution of the loss of heat from the body. This theory, however, will not meet the facts of the case, for in pyrexia it is frequently observed, that the temperature, after rising to a certain point, will remain stationary for some hours; and for days, although fluctuating, it keeps much above the normal. From this maintenance of a high temperature, we see that Traube's doctrine will not hold, for in order that the temperature may remain stationary for a given period, the amount of heat generated must be equal to that lost, and this proves that heat-regulation goes on in pyrexia.

The theory now generally held to explain the phenomena of pyrexia is that of Liebermeister, who propounded the idea that in fever we do not find a nerve rise in the normal temperature of the body, still less an increased generation of heat or a diminution in its loss; but a change in the normal function of heat-regulation, by virtue of which the production of heat and its elimination are so balanced as to create a temperature higher than the normal, and maintain this high pitch, while pyrexia lasts.

The nervous system plays an important part in fever, for without doubt it is a chief factor in the regulation of the heat of the body, and the so-called "heat-regulating centre" is supposed to exist in the upper part of the cord or medulla oblongata, which has some intimate connection with the vaso-motor centre, and modifies the production of the heat of the body.

It is supposed that in the febrile state the impure blood circulating in the nervous system acts on the heat-controlling centre in such a way that its normal functions are altered. Thus, according to the latest view, pyrexia must be considered in the light of a modification of a physiological process—namely, that the febrile condition fulfils a purpose in the economy comparable to the part played by inflammation. This idea that fever has a salutary influence is, in reality, a conception dating from the earliest times. But it is only of late years, since the contagia of specific diseases have in many cases been shown to be living organisms, that it has been possible to understand that fever may work out its own cure, by annihilating the very agents which caused it.

The course of pyrexia is divisible into certain stages, which vary in duration and acuteness in different cases. The first is the pyrogenetic or initial stage: while it lasts the temperature rises more or less steadily, the rise being influenced by daily fluctuations of morning and evening, corresponding to the morning fall and the evening rise in health. When this stage is of short duration it often commences by a rigor, a condition frequently met with in traumatic fever. The loss of heat from the cutaneous surface is diminished, and the temperature of the deep parts is higher than normal. In the second stage, which is called the "fastigium," the temperature reaches its highest point or "acme," and it is often characterised by an irregular series of slight ascents and descents.

The final stage is that of "*defervescence*" or subsidence, during which the regulation of the loss of heat is readjusted, and the temperature falls again to normal. Often at first below this point, and rising again afterwards. This stage plays an important part in bringing down the temperature of the body, and is sometimes protracted, sometimes of short duration. In the former case the pyrexia is said to end by "lysis," when the febrile symptoms gradually subside, in the latter by "crisis," when a sudden sharp fall of temperature takes place. In the case of termination of pyrexia by crisis, we usually find that the sudden fall of temperature is accompanied by what is known as a "critical evacuation," such as a free passage of watery motions, a copious flow of urine, which usually contains a large quantity of lithates, or a profuse perspiration.

The above course is that commonly followed by pyrexia in the specific infectious diseases, when it presents the regular daily fluctuations, general steady rise, culmination and subsidence, so noticeable in enterica, typhus and the exanthems. But it is not always thus; in pyæmia, of which disease it is the most remarkable single symptom, it is of a remittent nature, rising suddenly and irregularly, rarely however, subsiding below normal. In some forms of acute tuberculosis there is a tendency to frequent subnormal temperatures, these, however, alternating with irregular elevations.

Although pyrexia in most cases passes through these three stages, and terminates happily by subsidence, yet it may have a fatal issue.

It is not often that this event can be attributed solely to the influence of the pyrexia, for fever always follows on some other disease, of which it is merely a symptom. Nevertheless, it is clear when we come to consider the physiological effects of pyrexia that it tends to cause death in two or three ways. The chief causes are asthenia, blood-poisoning, and the direct influence of a long-sustained elevation of temperature. The increasing excessive tissue-waste, the consequent emaciation, loss of strength, and impairment of function of various organs (which are essential elements of fever) most inevitably, unless arrested, bring on a fatal result. This is exemplified in the course of the hectic fever of phthisis and other chronic wasting diseases. Secondly, the waste of tissue leads to the accumulation in the blood of an increased amount of effete material—urea and allied decomposition products. So long as there is free excretion of these noxious substances, little or no mischief results, but it is found that their elimination is sometimes temporarily suspended; and, moreover, it is often insufficient to thoroughly effect the purification of the blood. Thus uræmic poisoning and other fatal symptoms are induced.

Moreover, the very persistence of a temperature elevated above a certain point is of itself incompatible with life. We may say for certain that a continued temperature of 100° will cause death. Bernard has attributed the fatal result of hyperpyrexia to the condition of the heart, which he finds to be analogous to that observed in rigor mortis; the auricles are gorged with blood, while the ventricles are contracted and empty.

Besides this, certain symptoms are often noticed, pointing to affection of the central nervous system. These first appear as restlessness and mental disturbance, passing on to delirium and convulsions and terminating in coma.

(To be continued.)

Physical Society.

The last meeting of the Society was held on Saturday, March 16th. Dr. Wilks was in the chair, and the Treasurer was the guest of the evening. There was a fairly good attendance, especially of the senior men, and among these an old Guy's man, a strong supporter of the Society, Dr. Larkin, of Grove Park. The minutes of the last meeting having been read and confirmed, the President called upon Mr. Webber to read his essay, which had gained the Treasurer's prize. The state of the Theatre accorded well with the subject discussed, "Pyrexia," and Mr. Webber might have taken the opportunity of confirming Liebermeister's observations on the temperature (and temper) of animals confined in a superheated chamber. Remarks were made by several speakers, and a vote of thanks was accorded to the author for his excellent paper. The Secretary then read the annual report of the proceedings of the Society. The first prize was awarded to Mr. F. Vicars for his paper on "*Puerperal Toxæmia*," and the second to Mr. F. W. Hall for his communication on "Tumours of the Thyroid." Mr. J. M. Gill was honoured as the orator of the Society, and as we have said, Mr. Webber was the Treasurer's prizeman. On behalf of the presidents, Mr. Mothersole, in florid phrases, congratulated these gentlemen on their well-earned success, but while recalling the incalculable information which the papers generally had afforded him, he was profoundly prostrated by a stupefying sense of the lasting loss he had sustained in not having heard two such exceptionally brilliant essays. A vote of thanks to the Treasurer for the kind interest he always took in the Society was carried with acclamation. "The Secretaries" was the next toast, proposed in a capital speech by Mr. A. E Norburn. We sincerely regret that Mr. Lane has found it necessary to retire from the Secretaryship, and our best thanks are due to him for the energy he has displayed during his long term of office; but it is a great pleasure to find our popular demonstrator, Mr. L. A. Dunn, ready to help us.

The proceedings terminated with a reply from Dr. Wilks. Though unable to congratulate the Society on the attendance of the meetings throughout the session, which was far below the average, he took the opportunity of expressing his pleasure on the progress of the Medical School, the vitality of which had always been its characteristic feature since its foundation in the early days of

Mr. Edward Cock. This, too, was the reason why Guy's men were twitted with thinking so much of themselves. He strongly advised the members to come regularly and take part in the debate, and to induce their friends to join them, pointing out the advantages to be derived from the thorough discussion of a subject, and giving instances of the success gained by men whose earliest work had been done for Guy's Physical Society.

The following gentlemen were elected Presidents:—Messrs. Vicars, Hall, Gill, Webber, Swayne, MacIlwaine, Wakefield and Hopkins. Mr. Dunn, Secretary.

"SPRING,"

THE FRESCO IN THE NURSES' DINING HALL.

Fresco work of merit is so rare in London that Guy's is extremely fortunate in this most valuable acquisition, which it owes to the generosity of the Royal Academy. In 1886, Mr. Herbert James Draper, the artist, gained the Student's Prize for a design for the decoration of a public building, and his original water-colour drawing was duly hung at the subsequent exhibition. The President and Council of the Academy were so well pleased with the work that the artist was commissioned to carry it out in fresco, and Guy's Hospital was decided upon as the fortunate recipient. It was originally intended for a ward, but, unfortunately, none could be found which offered an unbroken stretch of wall of sufficient size to receive the painting. The nurses' refectory was therefore chosen, and, happily, has proved in every way suitable, for, though the room is somewhat small, its vaulted roof and excellent light show the fresco to the best advantage. The picture is 18 feet long and 7 feet high, and contains 17 life-sized figures.

Mr. Draper began to make studies for the work in January, 1888, and has been engaged on it for 12 months, the actual painting on the wall having occupied 5 months. The medium used in painting is of a highly protective kind, consisting largely of paraffin wax dissolved in spirit. This method of mural painting has been largely adopted of late years in Paris, where the artist spent some time in study. Every figure was carefully drawn from the nude, the drapery being afterwards added, and, before transferring his conception to the wall, Mr. Draper made a complete study to half scale.

As to the artistic merits of the work, we write, of course, entirely from the lay point of view, feeling sure that our readers will rather rejoice in the fact; for the days are near at hand when the average reader will have to take his annual feast of professional art criticism, the sweets of which are a little apt to cloy.

The picture takes its prevailing tone from the delicate pink of the idealized apple blossom, amidst which the figures are grouped, but pale tints of yellow, green, and blue are harmoniously blended in the composition. The group consists of youths and maidens, ranging in age from the earliest spring-tide of life to the dawn of its early summer, each and all imbued with the very spirit of "spring." The central incident of the composition (if we may be allowed the expression) is the release of some birds from a wooden cage held up by a kneeling girl in the centre of the picture. The drawing of this girl's figure is admirable, and we especially commend it to the attention of our readers. A tall girl with a pink light upon her, reflected from the blossoms, stands close to the uplifted cage, and on each side of her, as a centre, the remaining figures are harmoniously grouped, the balance of the whole being well maintained. Of the faces we would only say, that they strike us as being essentially English. There is no doubt whatever of their beauty; but the artist has in this respect, as well as in others, left classic feeling to take care of itself, and has given us work which we feel to belong to our time and to our race. In spite of the ideal costume, no critic of the future could doubt for a moment that the fresco was the product of an English School. We would especially commend to notice, if we may so presume, the face of the dark youth to the extreme left of the picture, and those of a thoughtful girl to the left of the cage, and of a fair and really Anglo-Saxon child in the centre; while the pose and expression of a dark urchin to the right are perhaps the very best thing in the work.

As to the technique of the fresco, we are not entitled to speak, but we note that the decorative effect is fully maintained in spite of the absence of the Greek, and that the definite outlining and flatness of composition essential to mural painting, are carefully observed.

We are certain that the nurses, on leaving the wards for a space, will greatly appreciate the refreshing effects of such a work as this. Nothing could better impress on the mind the fact that life is not all suffering—a reminder for which some at least of the nursing staff may at times feel grateful. And, happily, Mr. Draper's picture has no other lesson to teach than this. We have enough, and perhaps to spare, of moral teaching in our mural decorations. In the present case we have but one lesson, the only one which it is the function of Art to teach,—the lesson of beauty. H.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Dear Sir,—Your correspondent "Z" has evidently misunderstood my suggested explanation of what was found *post mortem* in the case of fractured spine, which I reported. I am afraid that in my wish to be concise I have not been clear.

There was *post mortem* evidence of fracture of the 6th body, and also of destruction of the intervertebral disc between the bodies of the 5th and 6th. My suggestion is that these lesions were not by themselves sufficient to account for the complete pulping of the cord which was found, and that there was local concussion and probably severe laceration of the cord itself.

If we admit laceration we can easily account for instanteous paralysis; the crepitus felt and heard was no

Sketches in Algiers.

doubt due to the fracture of the 6th body; separation of the bodies of 5th and 6th vertebrae is no argument against laceration of the cord.

Had there been dislocation only, why did the paraplegia remain unaltered by the operation?

In several cases of dislocated spines in the museum, in which the cord remains in situ, the cord is seen to be nipped as it were between the two dislocated vertebræ but it is not locally destroyed.

I had read Mr. Jacobson's article on fractured spine, but I do not see the relevancy of "Z's" reference to it as in this case there certainly was fracture whether there was dislocation or not.

Apologising for the length of this letter,—I am, &c.,

March 25th, 1889. J. ROBERTSON.

LARYNGEAL DIPHTHERIA.

By L. E. A.

It was my misfortune to have as my first case on commencing practice in a country town one of laryngeal diphtheria. The child was under two years of age, and died after tracheotomy had been performed as a last resort. One may guess that I was not particularly happy on being called to another case a few doors from the last and presenting the same symptoms. I anticipated a similar ending, and began to think that at this rate I should be a long time establishing the reputation of being a very clever young man.

I remembered cases I had seen at Guy's in which there was laryngeal obstruction accompanied by stridulous breathing, sucking in of the epigastrium and supra-sternal notch, with a membrane in the pharynx, showing the case to be one of diphtheria, and I knew that such cases were nearly always followed by tracheotomy and death.

As my first case turned out unfortunately, I determined not to perform tracheotomy.

The age of the child was two years. She was strong and well-nourished, and had been taken ill four days before with noisy respiration, which had been getting worse, and was now loud and of a whistling character, at times it got worse and was roaring. The voice was slightly hoarse. The epigastrium was slightly drawn in, showing the obstruction to be not so great as the noise on respiration would lead one to suppose. There was a membranous deposit on pharynx and tonsils, and the cervical glands were slightly enlarged. Lungs, normal; respiration, 30; pulse, 135; temperature, 102·2.

As there was no weakness of the pulse, I gave an emetic of ipecacuanha and sulphate of zinc, which improved the breathing. I ordered a steam tent to be rigged up, and put a small quantity of carbolic acid in the kettle.

The child remained in the same state for two days, and was then taken worse. The supra-sternal notch and also those above the clavicles, were much drawn in on inspiration. Pulse, 150; respiration, 36. I ordered one teaspoonful of brandy every hour. There was now no membrane to be seen in the pharynx. I anticipated a speedy end either by sudden laryngeal spasm or gradual asphyxia, but she got no worse and next day began to improve. She had albuminuria and passed very little urine, but this soon disappeared, and ten days afterwards she was comparatively well.

I have omitted details of treatment, such as the application of glycer. boracis to the fauces, and an iron mixture.

This case furnished an answer to a question I had often thought of:—Are cases of laryngeal diphtheria necessarily fatal unless tracheotomy is performed? Until I saw this case, I was of opinion that recovery was almost unknown.

It furnishes an example of how questionable is the resort to early tracheotomy in such cases, considering the uniformly bad results of that operation in diphtheria. I think if one only used it as a last resort, it is quite possible that many cases might recover of themselves.

I believe the large amount of alcohol given contributed largely to the good result, it sustained the strength even when little nourishment was taken.

THE VOLUNTEER MEDICAL STAFF CORPS.

The Volunteer Medical Staff Corps was originally started by the Medical Students of London. It is essentially a Medical Students' Corps for every officer must be a doubly qualified medical man; three companies are composed entirely of Medical Students, while its work, namely, attending to the wounded, is purely medical.

It is an excellent thing for every young man to be drilled, to be taught to hold himself up and to learn to obey; and, should promotion fall to his lot, to learn how to command.

The great difference between the Volunteer Medical Staff Corps and other Volunteer Corps is that in the Volunteer Medical Staff Corps the men are taught how to repair injuries, while in the fighting corps the men are taught how to inflict injuries. The latter is no doubt more attractive to the average man, but the former is infinitely nobler, although both are necessary for the defence of the country.

Besides the general advantages which any Volunteer Corps offers to young men the Volunteer Medical Staff Corps has some special ones, for instance the shooting club. Many men may be good shots, but even the best shot must practise or his shooting will certainly fall off. The main objections to rifle shooting for London corps are time and expense. Members of the Volunteer Medical Staff Corps pay half-a-crown annually to the shooting, which provides them with cartridges and the use of a rifle and range, and they can represent their hospital in the competition for the Inter-Hospital Shooting Cup.

For those who care for amusement there are Cinderella dances, battalion dinners and smoking concerts; while

the enthusiastic man has as many opportunities of putting in drills as he can wish for, and the man who likes to appear in uniform, and give the public a treat, will find himself equally well off.

There are several prizes given annually for subjects connected with the work of the corps, which are open to all, so that the recruit who joins in his first year has a chance as well as a senior man.

Many men may intend entering the Service after their hospital career is over; to these the Volunteer Medical Staff Corps offers the special advantage of learning their drill before joining, a knowledge of which is of as great a help to the young surgeon as a previous knowledge of bones is to the first year's man on entering.

Again, what could make a better finish to a winter's hard work in the not too fresh atmosphere of the Borough than a week's outing in the country with early hours and plenty of exercise; or, after grinding for the first M.B. in Summer, a week under canvas at Aldershot. Moreover, it is only in the ranks of Volunteer Medical Staff Corps that students of different hospitals fall in at the sound of the bugle to drill side by side and march shoulder to shoulder, forming a single *united* body.

On looking at the advantages to be gained by medical students in joining the Volunteer Medical Staff Corps, it seems strange that so few men out of so large a body should avail themselves of this opportunity. The general reason given is want of time; but seeing the number of men who can find time to loaf about the hospital and "up West," one is inclined to believe that this is an excuse invented to cover their laziness, and that it is not want of time but want of energy which prevents them from joining the Volunteer Medical Staff Corps, or passing their examinations. Any man who plays cricket or football for his hospital may be considered as having fully discharged his duty towards his hospital, but of the necessarily large number who cannot do so, the majority should belong to the Volunteer Medical Staff Corps, and try to represent their hospital either in drilling or shooting, and in joining let every man resolve to learn his drill, to do his duty, and become an efficient volunteer, on whom his country can depend in case of need.

In conclusion we may add that any man who joins will spend many a pleasant afternoon while marching out with the corps, and when in after-life he looks back on his student days he will be able to recall many a pleasant recollection of the time when he served his Queen and Country.

C. E. POLLOCK.

EXAMINATIONS.

MICHAEL HARRIS PRIZES, 1889.

1. Describe the orbicularis palpebrarum, its structure, attachments, relations, actions, and nerve supply.

2. Give the dissection by which you would fully expose the course of the great sciatic nerve in the thigh. Give also its origin, relations, and distribution (omitting the two terminal branches).

3. Describe the twelfth dorsal vertebra. Mention the structures attached to it, and the centres of ossification from which it is developed.

4. Give the structure and minute anatomy of the tonsil, and mention its arterial and nerve supply.

5. Enumerate the tributaries of the inferior vena cava, and give its course and relations.

6. Describe the arrangement of the lymphatic glands in the head and neck, and state the source from which each group receives its lymphatic vessels.

1. The roof of the orbit having been removed, give the steps of a dissection required to expose the branches of the inferior division of the third nerve, mentioning in order the parts met with.

2. Describe with exactness the relations of the pancreas.

3. Give the steps of a dissection required to expose the plantar arch, stating in detail the parts as they appear.

4. Describe the upper extremity of the ulna and the lower end of the radius, giving in detail the attachments of ligaments, muscles, and the grooves for tendons.

5. Describe the course and branches of the internal maxillary artery.

6. Describe the inner wall of the tympanum.

Sport.

CRICKET.

The following is a list of matches, up to date, for the Second Eleven next season. It is to be hoped that all who can (especially first year's men) will go down to Honor Oak Park for the opening game on Monday, May 4th.

	Date.		Opponents.	Ground.
S	May 18th	...	Christ's College ...	Finchley
,,	,, 25th	...	Camberwell School	Dulwich
,,	June 1st	...	Highgate School ...	Highgate
,,	,, 15th	...	King's College	Wormwood Scrubbs
Th	,, 20th	...	Forest Hill ...	Forest Hill
S	,, 22nd	...	Epsom College ..	Epsom
,,	,, 29th	...	Dulwich College ...	Dulwich
,,	July 6th	...	King's College	Wormwood Scrubbs
W	,, 24th	...	Christ's College ...	Finchley
S	,, 27th	...	Kingston School	Kingston-on-Thames

All Matches begin at 2 o'clock, except that at Forest Hill, which is at 11 o'clock.

H. W. WEBBER, Hon. Sec. 2nd XI.

Advertisements.

For the convenience of Guy's men, a list is kept in the Medical Office of qualified gentlemen who are desirous of purchasing Practices, Partnerships, or acting as Locum Tenens or Assistants. Advertisements can be inserted in this column—price 2s. 6d. each.

THE Wife of a Medical Man (Guyite) has Vacancies for Children in her family. Number limited to six. One, the child of a deceased medical man, receives a free education.—Apply, Mrs. Ingram Stevens, Hoddesdon, Herts.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Subscribers who wish to have their Gazettes *for 1888 bound in one volume, should leave the numbers, with the Index published on January 19th, with the Librarian without delay. The cost of binding in the Hospital colours is one shilling and sixpence.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Guy's Hospital Gazette,

APRIL 13, 1889.

PYÆMIA AND PYLEPHLEBITIS.

A CASE FROM CLINICAL WARD.

By S. W. Mac Ilwaine.

The patient, a police-constable, aged 23, was admitted on January 24th for pains, referred especially to the joints and the hepatic region, and general weakness.

Family History.—Father and mother alive, and pretty healthy. Two children died young of tubercular meningitis (probably); a daughter aged 17 of consumption. Now three children alive, including patient; the other two healthy. All the family alive, father, mother and three sons, as well as the daughter who died, seem to have suffered more or less from migraine.

Personal.—Spent most of his life in country. For four years has been in Metropolitan police. Worked much among horses, and had many falls and slight injuries; no history of any severe head injury; once bruised in right side by a cart shaft. No illness since childhood (when he had measles only), except colds, sometimes severe, and very severe headaches, often followed by vomiting, till two years ago, when he had a chancre; it was diagnosed a soft chancre, and does not seem to have been followed by any secondary symptoms. Until last night had never suffered from fits or convulsions at any period of his life.

Present illness.—A week before admission was in his usual health, and on duty. On the 17th (seven days ago) came off duty in the morning feeling ill. He complained of "pains all over," especially in the joints; went to bed, and had a well-marked rigor. He remained in bed till to-day. There has been a rigor nearly every day; bowels have been confined; pains have been less severe, and lately referred especially to the liver; vomiting has occurred several times shortly after taking food; last night he had three fits, with cyanosis and rigidity, followed by violent twitchings; breathing was very stertorous during the fits.

On admission.—Patient was carried into the surgery; he looked very ill, was pale and drowsy. He was a big, muscular man. Temp. normal; pulse 60, quite regular, rather feeble. There was no pain nor tenderness about any of the joints, the only pain complained of was in the right hypochondrium, where there was also tenderness on pressure. All the abdominal muscles were rigid, and patient complained of inability to pass his water. The bladder was a good deal distended; a catheter was passed and a pint of urine drawn off; he seemed much relieved, and the abdomen at once became quite lax.

Respiratory system.—Frequent cough, with much frothy expectoration; chest resonant all over; breath and voice sounds normal, no adventitious sounds.

Circulatory system.—Pulse 74, regular, rather feeble and compressible; heart sounds normal; no enlargement of heart.

Nervous System.—Mental condition dull, but quite rational. Knee jerks equal and moderate. No sign of paralysis anywhere. No rigidity nor twitching.

Urine, dark colored, strongly acid, a little cloudy, contained shreds of mucus, 1,022, no albumen; deposited a very large quantity of urates. Many large uric acid crystals.

25th. This morning seemed much as he was yesterday, except that his mouth was constantly filling with frothy saliva, which he kept spitting out. He coughed constantly, apparently from the irritation of the saliva, for there were still no adventitious sounds in the lungs. While being questioned about his history, he suddenly looked vacant, and ceased to answer. The head was turned to the right, and the whole muscular system seemed to become suddenly rigid. Breathing stopped, and cyanosis came on very rapidly. After a few seconds violent convulsive movements followed, involving face, trunk, and limbs. Shallow rapid breathing began; frothy saliva was blown out between the clenched teeth; the pupils were widely dilated and pulse extremely slow—probably not more than 30 (not counted). In about five minutes the convulsions ceased; a profuse sweat broke out; pulse became very rapid; the pupils contracted down very small; breathing became deep and stertorous. Patient lay for about five minutes quite unconscious, and the fit was then repeated just as before, the bowels being emptied this time. On recovering he became restless; cried, and tried to get out of bed. In a few minutes he lay down; the eyes became fixed, the pupils dilated, and convulsions came on for the third time. Chloroform was given, and 3j. of pot. bromide injected into the rectum. Chloroform was continued for nearly an hour; it seemed several times to cause contraction of the pupils. Patient then regained consciousness, but was extremely drowsy.

26th. Delirious last night. No evident paralysis, but with dynamometer right hand, 65 lbs., left, 70. No rigidity nor twitching; temperature 100°; urine and fæces passed in bed; constantly spits out frothy saliva.

27th. Temperature last night, 102°. More drowsy now; hard to rouse; passes everything under him.

30th. Condition almost unaltered. Temperature sub-normal; right optic disc rather pale; well-outlined; vessels normal; not tortuous; large floating opacities in vitreous.

31st. Temperature last night, 103°. Some rigidity of left arm. Dr. Taylor examined optic disc; found it pale; streaked radially with red vessels, very full. Patient almost comatose. There seems to be some rigidity and pain about muscles of neck. 9. p.m. No rigidity about neck or limbs; no paralysis; knee jerks normal; no ankle clonus; no elbow or wrist taps; no twitching or strabismus.

February 2nd. Deep coma; nothing rouses him at all but a bright light held near the eyes; optic disc markedly changed since 30th; optic neuritis now well marked; partial paralysis of both arms; still swallows well; no elbow or wrist taps; clonic contractions easily produced in right biceps; ankle clonus on both sides much more marked in left; knee jerk and plantar reflexes normal. Abdomen hollow; not retracted. Tâche well marked. Some rigidity of neck muscles. Doubtful clonus at back of neck when the head is lifted. Breathing slightly stertorous. Sometimes he groans, and passes his hand across his brow, as if in pain.

3rd. Nothing will now rouse patient from his coma. Pink streaking of discs very well marked. 10 p.m. Typical Cheyne-Stokes breathing came on suddenly while patient was being watched. During the pause, which lasts five seconds, there seems to be absolute paralysis of both arms. When the acme is reached, there are rather violent twitchings of both arms and legs. Cornea sensitive; left knee jerk exaggerated; breathing loudly stertorous.

4th. Cheyne-Stokes respiration continued; stertor increased. No marked change took place, and he died at 2.30 a.m.

Autopsy.—There were two large symmetrical abscesses in the frontal lobes containing thick, creamy pus. One of these had burst and formed a collection of pus on the convex surface

of the hemispheres. No basal meningitis. A third abscess was found deeply placed in the right temporo-sphenoidal lobe, and this had ruptured into the descending horn of the corresponding lateral ventricle. There was a small abscess at the bifurcation of the trachea, which opened into the right bronchus; it contained about half a dram of thick pus. Immediately beneath the capsule of the spleen was a small abscess, and one of the main divisions of the splenic vein contained *ante mortem* clot, which could be traced into the smaller branches. The surface of the liver showed three or more remarkably defined patches of congestion, which on section were more or less wedge-shaped, and pus oozed freely from them on squeezing. The portal vein was examined, and in one of the sub-divisions of the right branch was a large clot which was breaking down into pus. From this the suppuration extended into the affected areas. The posterior part of the right lobe was chiefly affected, but there was at least one large "infarct" in the left lobe. Other viscera normal. The internal ears, jugular veins, and larger joints were all free from disease.

Remarks.—The suppuration in the brain and spleen were no doubt due to general pyæmia, while the changes in the liver resulted from a local pyæmia, set up by clot carried from the splenic vein. But what was the cause of the general pyæmia? Though all the usual sources were searched in vain, it must be admitted that the cells and sinuses connected with the nasal fossæ were not examined. However, there was no discharge from the nose during life, and after death there was no basal meningitis. It is possible, therefore, that the pyæmia began in the little abscess connected with the bronchus, or else was primary in the spleen; but, according to Fagge, the latter is a very rare occurrence. Microscopic sections of the congested areas of the liver showed thrombosis and suppuration along the portal canals, and intense congestion and small cell infiltration of the surrounding liver-substance—in fact, the typical changes of pylephlebitis. The symmetrical arrangement of cerebral abscesses, as well as of tumours, has often been noticed, but not satisfactorily explained.

GENERAL REMARKS WITH SPECIAL BEARING UPON INSANITY.

Orthodoxy—as, we believe, in whatever condition of life it exists—has long meekly turned its cheek to the satirical smiter. But in the *Lancet* for March 23rd, it is Unorthodoxy—usually regarded with awe and trembling—which has the finger of scorn pointed at it. One may be allowed to regard with curiosity the individual whose discrimination enables him, in the seclusion of his study, to trace a clear distinction between the orthodox and unorthodox. In the exercise of such a faculty he is surely singular, exceptional—may we say *Un*orthodox? But he might have waded through the stagnant waters of his orthodoxy without let or hindrance from us were it not for one reflection in his article, to which we desire to take exception. "Treatment by suggestion," says this most upright of writers, "may possibly perform miracles in the hands of those *who are not above adopting such measures.*" Such is the breezy utterance of our critic, perched in that commanding position to which he has clambered by the narrow paths of probity. But why this petulant self-assertion, this puny attempt to sow discord? Our lately-ordained priest would fain move, pleased with the rustling of his crisp, new vestments. We stand reproved beneath the glance of this our ghostly mentor; yet there are others who will scarcely own allegiance to his views—thrust forward, as it seems to us, somewhat heedlessly. In the alienist branch of the profession there are men of eminence who employ the method of treatment by suggestion, and are persuaded that good results are attainable thereby. When an insane person who refuses food is brought into the hypnotic state, rendered open to suggestion, and induced to eat, then, in the opinion of the present writer, measures have been taken which no one need be "above adopting." Some remarks upon hypnotism in the insane may here be permitted, if our critic will meantime stay his hand.

We are not aware that any systematic experiments have been performed in this country up to date, so that certain attempts which we recently witnessed and assisted in are perhaps the earliest. Even accounts from France—the present home of hypnotism—bear reference mainly to the sane, the cases related by Voisin forming the most notable exception An attempt to induce sleep in the insane patient is beset with difficulties. In persons whose mental state is normal it is

generally possible (though often the work is one requiring time) to fix the attention in sufficient degree; the failure to do so is the great stumbling-block in the cases now referred to. For example, take a case of stupor: the patient is in a state somewhat akin to dreaming, or in one more blank even; if she notices passing objects it is with little or no interest; she lies back in apathy, indifferent to her surroundings. Startling events will not rouse her, much less can it be expected that she will attentively regard an object such as a disc of metal. She presents—but in a more pronounced degree—the aspect of one "mesmerised;" the state one would induce seems already upon her, without the amenability to suggestion. But the same difficulty presents itself with others, perfectly conscious. A person under the delusion that he is damned, and apprehensive of all manner of evils, has his attention already engaged in matters of absorbing personal interest; such a one regards as frivolous your request that he should stare at a fixed object. In the case of the maniac, again, the attention (an automatic, involuntary attention) is caught and momentarily fixed, now by the presentations of one sense, now by those of another. Mental life is at high pressure: throngs of ideas apparently disconnected—but bound together by obscure links, pass in rapid succession; the attention will not tarry over one train of thought.

It is certain that attempts to induce the hypnotic state in the majority of the insane must be reiterated and thorough if they are to have any prospect of success. In many cases the patient must be taken in hand for several hours together, day by day. In this way M. Voisin claims to have quieted, and rendered open to suggestion, cases of acute mania. We are willing to believe that the failures we have ourselves witnessed are attributable to want of persistence in the effort. Maniacal women of various ages were taken, and each attempt lasted three quarters of an hour (none more than one hour), and was repeated three or four times. The patients became drowsy, but in no instance was a condition induced in which suggestions could be received. We may remark, in passing, that one case may be more amenable to the measures employed than another owing to some accidental circumstance, such as a mistake in identity. Thus, a maniac, a woman—who mistook the hypnotiser for her husband—became in a few minutes quiet and sleepy; whereas, usually she is noisy and restless. Future attempts in her case are, therefore, full of promise.

In cases of stupor, not too deep, in which there is refusal of food, with marked general resistance, it may be observed that after monotonously moving the fingers before the eyes, or keeping the lids closed for half-an-hour or more, the resistance gradually gives way and the limbs become more pliant. Whereas the patient formerly refused to hold a spoon or bread, she will now do so, carrying the food to her mouth when ordered. We are not at liberty to mention the case in detail, but may give a few facts regarding a young girl lately under observation. In her ordinary state she had to be fed by spoon, and offered considerable resistance; she would not walk, put out tongue or hand, or perform any simple action. In the state induced by manipulation before her eyes for twenty-five minutes she walked—being merely guided by the out-stretched hand—shook hands, protruded tongue, &c., at order. The rigidity of the limbs gave way entirely. She also ate bread and butter and drank milk, being told she must take food. On subsequent occasions she became still more amenable to suggestion, and it was noticed that whenever she showed a disposition to refuse food, the induction of a drowsy state, by movements of the fingers before her eyes for ten minutes or a quarter-of-an-hour, sufficed to make her take it, on direction. That she was more tractable in the state induced was clear to all. From the time she was made to take food by these means, improvement dated; and although her condition was subsequently stationary for a brief period, she did not again refuse to eat. The patient is now convalescent and in the country.

There are other methods, apart from suggestion in the hypnotic state, by which the insane mind may be influenced. These methods (uncommon, perhaps, but who shall say unorthodox?) would doubtless come straightway under the ban of the rampant Apostle of Legitimacy, as savouring of mediæval superstition. There is at times much virtue in a dark room and strong reflected light, to which an impressive tone and firm demeanour are useful adjuncts. As is well known, the hypnotic state is induced in many people by getting them to regard a bright object fixedly. In the instances now particularly referred to no such result follows. It may be that the patient's volition is weakened, that he is impressed and overawed. His attention being drawn to the mirror, he is told with determination that he cannot resist staring at it, and cannot refuse to eat whilst the bright light it throws illumines his face. We have known food to be taken under these circumstances, where refusal had extended over a period of seven months, the patient being in a state of stupor with some melancholy, speechless, motionless, requiring to be washed and dressed, and fed by the pump.

It is not our intention to refer now to cases of sane people in whom health has been promoted by suggestion in the hypnotic state, nor to those particular cases in which sleep has been induced by suggestion. In the records of the Society for Psychical Research, and in the writings of those physicians—foreign and English—"who are not above adopting such measures," they are sufficiently recorded. We are not sanguine enough to believe that the *Lancet* commentator will peruse this literature. We are told that faith-healing has had its day; but our critic should enlighten us as to the meaning he attaches to the term. Despite his dictum, we venture to believe that the element of faith in healing will continue to be a potent one. "He is, commonly, the best physician who inspires the most faith in his patient" (Maudsley).

G.

CASE OF ADDISON'S DISEASE WITHOUT PIGMENTATION.

By H. E. Counsell.

G. B., æt. 27, a carter, came to me about September last, complaining of pains after meals, with feelings of nausea, but no actual sickness. For this mist. acidi co. was prescribed, with benefit. He used to appear again and again with same symptoms, which were so far relieved that in November and December he was not seen at all, and it was not until January that symptoms once more became so severe, that two or three days' holiday were taken at a time, feelings of great depression, accompanied by actual, though occasional, sickness then developing. I then obtained further particulars concerning him.

Family History.—Good; no phthisis. No history of hereditary disease.

Previous History.—No illness, but had been, until five years ago, very intemperate, his usual drink being beer. Married, and has four children, but has been completely impotent for the last two years. Patient, big, well-developed man, with dark brown hair and light brown eyes.

On January 10th I examined him in bed. He told me that since his illness he had lost two stone in weight, and that since Christmas he had become short of breath, especially on going upstairs. Nothing was made out from the examination, except that the liver dullness was small, and that there was considerable tenderness over epigastrium, and under the ribs on the right side. He had also a slight yellow tinge, but conjunctivæ were not jaundiced. Urine normal, sp. gr. 1,020. Under same treatment he picked up and got about his work again until February 1st. He then became much weaker, and sickness became more constant. Nothing could be learnt from his vomit, which consisted simply of undigested food and bile. His bowels were open normally, except for a little straining sometimes.

On February 6th he passed, what he described, as a piece of "rotten liver" in his motion, but it was not saved for examination.

12th. He became so weak and faint that he took to his bed entirely, and the vomiting became almost constant after taking any food. He complained of acute pains in the abdomen, sometimes referred to umbilicus, sometimes to epigastrium. There was no distention, the abdomen being rather retracted.

15th. I saw the patient, in consultation with Dr. Ticehurst, of Petersfield. The patient was then very weak; pulse could just be felt, 120; hands cold; and he was giddy on attempting to sit up in bed. The pain in abdomen was referred to epigastrium, where there was also tenderness. The liver dulness was much diminished, being $1\frac{1}{2}$ inches in nipple line. Three things were discussed as probabilities. 1. Acute yellow atrophy of the liver. 2. Growth coming forwards involving deep nerve plexuses and pressing upon duodenum. 3. Although the skin was not pigmented, Addison's disease.

16th. There was a great change for worse; pulse sometimes could not be felt; he vomited every hour nasty black stuff, which sometimes looked as though it contained altered blood. His mental condition was cloudy; he was restless, and constantly yawning. No pain in head; no failure of sight. Fed by enemata.

17th. He was pulseless, very thirsty, constantly retching, and had passed no water for twenty-four hours. Tongue furred and dry; features pinched and drawn. In fact, he had all the symptoms of acute abdominal collapse. In the right iliac fossa an elongated mass could be felt, which rolled under the finger, and seemed to bear some resemblance to an intussusception. Nothing could be felt per rectum

A fourth possible explanation of the symptoms now suggested itself—the strangulation, through

the foramen of Winslow or diaphragm, of a piece of intestine high up, thus preventing general distension.

Addison's disease was again discussed, so also was acute yellow atrophy, which, however, was completely negatived, from absence of jaundice and delirium; so that the diagnosis seemed to lie between Addison and an acute strangulation high up in the intestinal canal.

For Addison there was the chronic history, wasting, breathlessness, sickness, collapse—against, the present acuteness of the symptoms, the complete absence of bronzing either of skin or mucous membranes, and the general appearance of the patient, which was exactly like one with intestinal obstruction.

For a strangulation there was the acute history of the past few days and the appearance of the patient, suppression of urine and persistent vomiting; against, a somewhat vague history, that on the 15th a dose of salts had acted after great straining, bringing away a hard motion and a quantity of material like coffee grounds, together with the long history of illness and wasting.

On the morning of the 18th the patient died. Post-mortem was made the same day. Through the very limited abdominal incision which was allowed, the whole intestinal tract was examined and found practically healthy. No peritonitis. A retro-cæcal pouch was discovered, which contained the vermiform appendix distended with mucus. The suprarenal capsules were next removed, and one of them was sent up to Guy's for microscopic examination. It weighed $1\frac{1}{4}$ drams, was larger than normal, and its surface bossy, from large white deposits in its substance. On longitudinal section these were found scattered through the medulla and cortex of the organ. They varied in size, from a pea to a cob-nut, and resembled in appearance the caseous material found in lymphatic glands. Several slides were examined by Neelsen's method for tubercle bacilli, but without success. Under the microscope these masses were found to be almost entirely caseous, and stained badly. They were surrounded by a narrow zone of small cell tissue, in which many giant cells were seen. There can be little doubt they were of a tubercular nature. There is a general impression that tubercle bacilli are not found in Addison's Disease; but this is not the fact. However, it is admitted by the authorities that they are difficult to find, and the same is true of tubercle in bones and joints.

WORTH REMEMBERING.

Mary R., aged 6, was admitted into the Cumberland Infirmary on August 15, 1888, on account of Genu Valgum, but otherwise apparently healthy. A week later osteotomy was performed on one side. The child was noticed to be rather pale before being carried back to the Ward, but this was attributed to chloroform sickness. Severe sickness followed the operation, and the child did not do well, though the wound was quite satisfactory. No movement of the bowels was obtained, either by medicine or enemata, and sickness continued. Palpation of the abdomen detected nothing. The child died rather suddenly, 48 hours after the operation. An intussusception of the jejunum was found three feet from the duodenum. The wall of the bowel was thickened, and there was some congestion of the adjacent mesentery, but hardly any lymph had formed. Remainder of the body healthy.

It is well to remember that sickness after an operation is not necessarily due to the anæsthetic. Though the symptoms were not characteristic, yet intussusception is *the* cause of obstruction in children; and from the condition of the intestine, it is very probable that relief would have been afforded by abdominal section. The so-called *post-mortem* intussusceptions are supposed to occur during the death-agony, and it is intelligible that a similar result may follow the narcosis from chloroform.

Passim.

We congratulate Messrs. R. D. Mothersole and H. O. Rake, the winners of the Beaney and Michael Harris Prizes respectively. The Golding-Bird Prize was not awarded this year—a blot on our character which we must hasten to remove.

The Sands Cox Scholarship in Physiology, of the value of £15 for three years, will be offered for competition this summer. The examination commences on June 4th. It is open to all the second year's men.

We are very pleased to hear that Dr. G. N. Pitt has been elected a Fellow of the Royal College of Physicians, London.

The College has outgrown the hoardings, and already more than half the brickwork is up. The new Dental department is also well in hand.

The third edition of Wilks and Moxon's Pathology is just published. The whole book has been thoroughly revised by Dr. Wilks, and is issued at the modest sum of 13s. 6d. The last edition has long been out of print, and from the constant demand for it we anticipate a very rapid sale for the present copy. Order early at Grattan's.

A contemporary in noticing a "parable" published in one of the papers by Miss Olive Schreiner (who, by the way, has just graduated M.D.), says that even before she commenced medical studies, "The Story of an African Farm" showed that "Ralph Iron" possessed a considerable knowledge of physiology. Those who have not read this little volume have a treat in store.

They smoke in the *post mortem* room at St. Thomas' Hospital, but then it is arranged differently from ours. They have no area, stalls, and upper boxes, and as a rule they view the proceedings from a respectful distance. Dr. Miller Ord came in to see one of his cases inspected, and at once lit a fragrant cigarette. The room was soon filled with the odour of the weed.

The complaints as to the attendance were so marked at the last meeting of the Physical Society that Dr. Wilks was compelled to appeal to us on behalf of himself. For if the Physical fails we sever the only link, as he says, that binds him to our School. What is the reason of its unpopularity? Saturday night appears to be rather worse than Thursday, on which for a year or two the meetings have been held; and it is not easy to see the explanation. Thursday night was supposed to break up the week's work; Saturday must be kept free for reasons too numerous to mention. The reconstitution of the Society is a subject for the future, and in the meantime we ask our readers for suggestions and expressions of opinion in these columns towards a solution of the question. The "clinical evenings" were always better attended, and more lively, and it appears to us that improvement lies chiefly in that direction. But one thing is certain, that the disgrace of allowing the Physical Society to fail must not attach to the men of our time.

There is progress in Surgery at Guy's. Within the last few weeks we have seen the cystoscope used in the diagnosis of an obscure case, the spine has been trephined to relieve pressure symptoms, and a portion of an enlarged prostate has been removed by a suprapubic operation. This is the first time that any of these new operations have been performed in our wards, and they have been attended with a measure of success which is very encouraging to the Surgeons.

A Dublin contributor to the *Hospital Gazette* states that matters medical are taking a more lively and cheerful turn in that city than they have presented for many a long year. Of course the medical profession is to the front, and the correspondent hears that the chief doctors of Dublin are each preparing a great work on some special subject, which may be expected to bring shoals of patients should the improvement in trade continue until after they are issued from the press. As yet he has been unable to get reliable information as to the subjects the various doctors are writing about, but he believes the following list may be accepted as near the mark: Atthill on "Atalectasis;" Ball on "Globus Hystericus;" Cranny on "Craniotomy;" Finny on "Ichthyosis;" Foot on "Anchylosis;" Gunn on "Shotsilk Appearances of the Retina;" Head on "The Perineum;" Jacob on "Psoriasis" Mason on "Stone in the Bladder;" More Madden on "The Increasing Prevalence of Lunacy;" Smyly on "Risus Sardonicus;" and White on "Leucorrhœa."

What has become of the London University Club? At one time we heard much about dinners, smoking concerts, and debates; and indeed there is work for it to do in petitioning a repeal of the recent pettifogging regulations for the M.B.

APPOINTMENTS.

Lumley, Charles A., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the Birmingham and *Midland Eye Hospital.*

Du Buisson, E., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Tunbridge Wells Hospital.

Goodall, E., M.D., appointed Resident Medical Officer of Bright Ward, Guy's.

Metcalfe, G. H., M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer to the North-West London Hospital.

Thompson, R., M.B., B.S., appointed Ophthalmic Assistant to Guy's Hospital.

Hospital News.

FORTHCOMING EVENTS.

April 29. Cambridge Third M.B. Schedules to be sent in for signature.

May 1. Summer Session commences.
The summer subscriptions to the Students' Club fall due.

,, 15. Cap and gown day at the London University.

There is a vacancy for a Resident Clinical Assistant at the Paddington Infirmary. Candidates must be qualified and willing to hold office for six months. Board and lodging provided, and an honorarium of 12 guineas. The appointment might be suitable for gentlemen working for the higher Examinations.

EXAMINATIONS.

GOLDING-BIRD PRIZE.

The following is a detailed account of this examination which took place recently. A paper was set containing these questions:—

1. Explain fully the phrase "Reaction of Degeneration." In what diseases is it met with; what pathological conditions, if any, must exist in those in whom it is present; what is its value in prognosis?

2. Describe in detail all the methods you would adopt to discover whether a patient was suffering from dilatation of the stomach.

3. Describe fully any process with which you are acquainted, and by which it is possible to estimate the number of red and white corpuscles present in the blood.

4. A patient presents a recent bullet-wound, an inch below the ensiform cartilage. He walks into the ward and states that the shot was fired six yards from him. How would you determine the probable course and destination of the missile?

5. Give the method of differential diagnosis between Synovitis of the hip-joint and the same malady complicated by Epiphysitis. In the latter case, what considerations would aid you in diagnosing it as "tubercular?"

6. By what means, instrumental and otherwise, would you proceed to the elucidation of the cause of chronic nasal obstruction in (*a*) a child of five and (*b*) an adult of twenty-five?

For the *vivâ voce* part of the examination, the candidate was taken to a case of tumour in the adductor region of the thigh, and requested to examine the patient, make any necessary enquiries, define the anatomical characters of the swelling, but was not required to give a diagnosis. Of course, the method adopted by

the candidate in the above steps was of primary importance. The following instruments were then shown: Eustachian catheter, how used? Langenbeck's œsophageal bougie, its use, what is the advantage of the olive-shaped end? can the nature of the stricture be diagnosed by the use of the bougie? Bladder sounds, with long and short beaks; their relative advantages; the value of a fluted handle; what difficulties in diagnosis might arise from the bladder being empty during sounding? What can be learnt by the use of the tuning-fork.

Another case was shown of swelling in the scrotum, unconnected with the testis, transparent and without impulse. This suggested various questions on the value of impulse, transparency, and anatomical situation in the diagnosis of tumours of this region. What are the points in the diagnosis of fracture above or below the teres major? The value of outline and measurements in dislocations and fractures about the shoulder.

In the medical portion of the *vivâ voce*, the candidate was shown a case of abdominal tumour. What are the important points in the clinical examination of an abdomen? How is a pyloric tumour distinguished from a tumour of the liver? Draw the outline of a dilated stomach. Distinguish a splenic from a renal tumour. The next case shown was a patient with leucocythæmia. Mark out the spleen. Give the method and precautions in examining the blood of this patient. The use of the hæmocytometer, sphygmograph, ophthalmoscope, and Fleishl's hæmometer, the candidate being required to go through the details of their application for clinical purposes.

BEANEY PRIZE FOR PATHOLOGY, 1889.

1. Describe the morbid appearances found in the nervous system in the following diseases:—Insular sclerosis, general paralysis of the insane, progressive muscular atrophy, locomotor ataxy, and ascending degeneration.

2. What pathological changes are likely to be met with in a case of perihepatitis, and what do you know of its predisposing causes?

3. Under what condition is caseation found *post mortem?* Discuss more particularly the relation between caseation and the tubercle bacillus.

4. Give the secondary changes which may follow on a chronic otorrhœa, their relative frequency, and morbid anatomy.

5. What changes are produced by suppuration in a joint, and under what circumstances may it arise?

6. Describe the pathological anatomy of a sarcoma of the femur, giving the usual appearances, mode of extension and histology.

The *vivâ voce* part of the examination included the recognition and description of nine microscopic sections, for which an hour and a half were allowed, and various questions on mounted specimens from the Museum. The candidates were shown an injected granular kidney, and were asked the naked eye appearances of the different forms of Bright's disease, and the various associated lesions found *post-mortem*. A liver with multiple nodules of growth: distinguish from abscesses of liver, give the common primary seat of such growths. Shown an intussusception: describe its anatomy; where is it commonest? A single large hepatic abscess: enumerate causes of suppuration in liver. Which is the most frequent? (portal pyæmia wanted). The next specimen was a very typical tubercular ulceration of larynx. What do you see? What causes might lead to it? Distinguish tubercle from syphilis of the larynx Is the epiglottis the same in both? A portion of ileum injected and showing early typhoid lesions. What do you observe? What else might it be? Shown an old hydatid cyst of the liver embedded in the gumma. What do you see? Why so much fibrous tissue around the cyst? The surgical specimens shown were osteoarthritis of the elbow, tubercular ostitis of the spine, and a femur of a child affected with congenital syphilis.

THOMAS GUY.

Any additional fact bearing on the life of the founder of our noble Hospital is of interest to all Guy's men. The latest has been noted in the Medical Journals, and also at greater length in *The Philanthropist;* and from it we learn that Thomas Guy was a publisher, and not a mere bookseller of old and second-hand books.

Mr. Joshua W. Butterworth, F.S.A., a well-known antiquarian, has long since endeavoured to prove that the "mere bookseller" statement was erroneous, and has in fact found several books entered on the registers of the Stationers' Company, which supported his theory. Quite by accident, however, Mr. Butterworth picked up, at a sale at Sotherby's last autumn, a small quarto volume, on the title page of which it is seen that the same was "Printed for Thomas Guy at the Oxford Arms in Lumber Street, 1709."

This little book has been very kindly presented to the Hospital by Mr. Butterworth, who is one of our Governors; and it will no doubt be kept with the archives in the Treasury.

The book is entitled, "Death's Vision represented in a Philosophical Sacred Poem," and consists of ten stanzas with an ample preface, and still more voluminous foot-notes collected at the end. The original owner was one "Martha Talbott, her Booke, 1723." Beneath it is written in pencil, but almost erased, "died 1724," which perhaps refers to the said lady. The name of the author is nowhere mentioned, but he says that "Solitary Diversion and Entertainment was his aim, in giving Vent to some Affected (and supposed Melancholy) Musings upon a subject that seemed at Diverse Seasons, Incontestably Approaching. 'Twas written, therefore, for the most part, in Very Debilitated, Languid Circumstances, when He could have as Little Hope, as Design, to Please any

Body else." The poem represents the released spirit wending its way heavenward, and being taught the mysteries of philosophy and the wonders of the celestial sphere. In many parts it bears a striking resemblance to "Letters from Hell," a book which appeared some years ago. But it is most interesting where he describes how the scientific riddles were expounded to his naked mind—

"I see, why the Touch'd Needle still scents about,
Till it has found its Darling Quarter out;
And why, Unconstant grown, it sometimes takes
New-Sprung Amours, and its Dear North forsakes;
Why Flow'ring Vines, tho' fixed in Distant Soil,
Prompt Wines in England to Ferment and Boil;
How Blooming Trees (as 'twere for future Birth)
Unstain Dy'd Cloaks, and call their Atoms forth;
Why Dark'ned Seas pretend to scatter Light,
As if they truly Lodg'd the Sun by Night;
I see (Philosophy I long'd to know,
But was too Deep for Poreing Minds below)
Why List'ning Seas so Daily watch the Shore,
Crowd up the Roads, down which they Ran before,
As if they yet Rememb'red Old Command,
Or Crav'd new leave to drown the Guilty Land;
Heav'ns Shops and Magazines Unlock'd I view,
What Cool Alembic drops the Rain and Dew;
What Lathe so Turns, what Art Japan's the Bow,
What Looms prepare and Weave the Fleecy Snow,
In what tight Mills, the Icy Balls are Ground,
Why small or larger made, why White and Round;
How the Snn's Banner Stormy Fight prepares,
And Summons Airy Troups to Blust'ring Warrs;
What wild ingredients are together Cramm'd,
And into Clowdy Cannons closely Ramm'd,
At whose Dread Roar fierce Balls and Fires are Hurl'd,
Omens of that, that must Calcine the World;
From what Low Birth proud Meteors climb the Air,
What Combs and Kindles their Presaging Hair;
How cou'd I feast the Students now Below,
(Might I for their Relief and Ease
Descend a θεός 'απο' μηχανῆς)
Solve their Distracting Problems quick and Show
Rules of Reflected and Refracted Light
How all the Tribes of Sep'rate Colours Grow."

The above allusion to the fermentation of English wine is copied from an old writer, who imputed the working and fermenting of the wines at that season to particles or effluvia that fly hither from the vines growing in the Canaries or in Spain. "Which, if true," adds our poet, "is not a Solution of the Strange Appearance."

So much for the book. At the time of its publication, Thomas Guy was in his sixty-fifth year, and M.P. for Tamworth, his mother's native town. The actual printing was evidently not done at his business house, which was situated at Lucky Corner, the apex of the turning between Cornhill and Lombard Street. Perhaps some of our readers can tell us if there are any remains of the "Oxford Arms in Lumber Street."

NOTES OF A CASE OF OSTEITIS DEFORMANS.

By J. C. Baines.

The following history of a case brought before my notice by Dr. A. R. Manby of East Rudham, would, I thought, interest the readers of Guy's Gazette. I endeavoured to get some photograhs of the patient, but owing to his being unable to stand, and having to manipulate the camera in the patient's room in a small cottage, we were not so successful as we could wish. However, perhaps two of the three taken might be useful to illustrate—one, the enlargement of the head, and the other, the bowing and enlargement of the left tibia. I am much indebted to Mr. Bailey, a local amateur photographer, for his valuable assistance.

Charles R—., æt. 64, wheelwright. Father died of some affection of his throat, but can get no particulars as to what it was. Mother is still alive, æt. 84. He has one brother alive, and when last heard of was healthy. One sister died æt. 40, of *cancer of uterus*.

Personal History.—Married 45 years, wife alive; has one child, female; one miscarriage since the birth of the daughter. His daughter has always been healthy, and is now married, and has had six children, one being born dead, and one suffered from rickets when 18 months old, but has recovered, and is now healthy.

Patient informs me that for some years before he gave up work he used to suffer from pain in the thighs, especially after running or any extra exertion, and he also found that he was liable to trip in walking, and if he had no stick or other support he was unable to prevent himself from falling down. He has always noticed that he could sit easier by crossing his legs. He says he was always a temperate man, but that if he took anything to drink it quickly took effect on him, a pint of ale being sufficient to make him drunk. One of the neighbours told me that he was always a quarrelsome man, and was very uncertain in temper, sometimes quarrelling upon the slightest provocation, but next day he would come and apologise for his outbreak of temper.

Nine years ago he gave up work on account of the pain in the legs, since then he has been getting weaker, and about three years ago he became bedridden. He says he feels too weak to stand, and that if he attempts to do so his legs pain him so much he is obliged to give it up.

Present Condition.—Head much enlarged, measuring 24½ inches in circumference, skull retaining its natural shape; some hard smooth swelling can be felt on either side in the temporal regions, being apparently due to enlargement of the squamous portion of temporal bone. This is not very marked in the photo, but it can easily be made out on palpation. There is no enlargement of the hyoid bone. The spine is curved from cervical to sacral regions in one arch, as in cases of rickets. The sacral vertebræ have prominent spinous processes, and the bone itself is enlarged. The sternum is widened

and prominent, being thickened, but the ribs are not affected. The iliac crests are palpably everted, and the relations of the trochanters to the anterior spinous processes are altered, the upper border on the right side being 1¼ inch above Nelaton's test line. Both femora are much bowed, but the right one is thicker than the left; the muscles being wasted from disuse, the deformities of the bones are easily made out. The inner condyles of each femur are enlarged, the left being the more prominent, and the lower extremity of this bone measures one inch more in circumference than the right. The tibiæ are unequally affected, both being curved anteroposteriorly; but the left has a distinct thickening extending for five inches from the tubercle. This is more like a growth in the bone, being not such a general enlargement as in the other bones; it measures 11¼ inches in circumference, the right tibia at a corresponding position measuring 9 inches. The fibulæ are not enlarged except the left external malleolus, which is rather prominent. The bones of the hands and feet do not appear to be affected, but the patient complains that his arms are sometimes painful, and the photo shows some curving of the humerus.

There is a well-marked systolic bruit to be heard, it can be traced along the sternum, and is audible both in mitral and aortic areas, is not conveyed into axilla, nor is it heard behind. Probably this bruit is caused by displacement of heart or aorta by the enlargement of the sternum.

His mental faculties are somewhat dull. He understands what is said to him, and returns correct answers to questions, but you have to wait a few seconds before the reply comes. There is no paralysis, nor is there any anæsthesia.

The points of interest in this case are :—

1. The history of cancer occurring in his sister. In the six cases reported by Sir Jas. Paget, three had a history of cancer.

2. The long continuance of the disease; the patient says he noticed the pains in his thighs quite 30 years ago, and in one of the six cases mentioned above it lasted over 22 years.

3. The many different bones affected. In the text books, this disease is said to affect the bones of the skull and the long bones; here it has also affected the sternum and sacrum, thus confirming Mr. Lane's experience that it affects the whole osseous system (*vide Lancet*, March 16th, 1889).

4. It will be interesting to know the result of the extra thickening of the left tibia, as should this develop into a sarcoma it would have an important bearing upon the origin of this disease, whether it is a chronic inflammatory process, or whether it is a very diffused form of new growth.

For further information concerning this curious disease, see Report of Sir Jas. Paget's paper in *Lancet*, Nov. 18th, 1876; and Mr. Bryant in Guy's Hospital Reports for 1887. The latest account will be found in the *Illustrated Medical News* of the present year.

Correspondence.

To the Editor of Guy's Hospital Gazette.

FRACTURED SPINE.

Dear Sir,—I am sure you must be quite tired of Fractured Spine, but I venture once more and for the last time to trespass on your generosity. The letter which appeared in the last issue of the Gazette I cannot accept as in any sense a reply to mine. Mr. Robertson says, "My suggestion is that the fracture of the 6th body, and the destruction of the intervertebral disc between the bodies of the 5th and 6th, were not by themselves sufficient to account for the complete pulping of the cord which was found." With that I quite agree. But then he goes on to suggest "that there was local concussion and probably severe laceration of the cord itself," and that these were sufficient to account for the complete pulping found after death. From this I beg to differ. Is it generally known that "local concussion" can produce pulping of the cord, or that "severe laceration" of the cord can occur without obvious mechanical causes? My explanation, I submit, is far simpler: that the cord was severely damaged at the time of the accident by a dislocation of the spine, and that this displacement had been reduced (never mind how) before the autopsy was made. It is rather amusing to read that "separation of the bodies of the 5th and 6th vertebræ is no argument against laceration of the cord." Certainly not. On the contrary, it is the strongest fact in favour of my dislocation theory. And in answer to the question, "Had there been dislocation only, why did the paraplegia remain unaltered by the operation?" I would say that I did not for a moment suppose that the dislocation had failed to damage the cord, but rather that it was the cause of the paraplegia through the severe effects it produced on the nervous tissue. That these effects remain unaltered after the removal of the cause is no new experience in the case of injuries to the spine.—I am, &c.,

Z.

April 9th, 1889.

A THEORY OF SMALLPOX.

Dear Sir—I have read with much interest an article in your last number with the above title, and should like to offer a few remarks on it. As I haven't the previous articles by the same author at hand, I must limit my observations to the paper in question. It struck me very forcibly that the conclusions he deduces have the opposite defect of those of the observer, who believed the shield was golden when it was only silver-gilt. In my humble opinion the disease in question has not its field limited either to the skin or to the blood, but that both play an important part in the phenomena which we collectively term smallpox.

Mr. Birdwood, towards the middle of his paper, says that, so far from regarding the blood as pabulum for

the micrococcus variolæ, he holds an older pathological doctrine, that the blood is the life of all flesh.

Let us consider what he meant by the first of these doctrines, simply remarking, with regard to the second, that by substituting the word "food" for the somewhat loosely-applied word "life," we obtain a doctrine which is still in fashion. Now, the first sentence may, I think, be read in three ways—(1) The use or sole use of the blood is, to act as a food for the micrococcus variolæ; this hardly recommends itself as probable. (2) The use or sole use of some part of the blood is, to act as a food for the mic. var. This theory, which was, I believe, promulgated to account for the profound impression produced by one attack of small pox, or other allied disease, on the system whereby immunity was gained from re-infection, hardly recommends itself. As Dr. Fagge points out, it implies that people are born with a number of different kinds of pabula in the blood, whose sole use is, to supply food for the different contagia at whatever age they may enter the body. (3) The micrococcus variolæ, on entering the blood, feeds and multiplies in it, other conditions being favourable. Regarded in this light, there does not seem to be anything improbable in it, and further, nothing contradictory in the statement, "the blood is the life of all flesh;" not less reconcilable than the two statements, "Milk forms a good pabulum for germs," "the milk is the life of the babe." I suppose there is very little doubt that some germs, such as anthrax, have been found alive and flourishing in the blood, and that the symptoms of that disease are probably due to the effects of its presence in large numbers. There are several other points in this paper I should have liked to touch upon, but am afraid of trespassing on your space, as I do not know whether the subject interests your readers sufficiently to invite discussion. I think, however, that it would not be difficult to show that Mr. Birdwood's observations and deductions, while affording great interest, have led him into the common temptation of trying to explain too much of his theory, of thereby disregarding evidence which runs counter, and of thus, in common parlance, riding his hobby to death.—I am, &c.,

F. HEATHERLEY, M.B.

New Ferry, April 9th. 1889.

THE DETECTION OF HUMAN BLOOD.

In a paper recently read before the Metropolitan Police Surgeons' Association by Dr. Copeman, the author indicates a method which may be looked upon as, at any rate, a first step towards the discrimination between human and other mammalian blood. Some time since, Mr. Bond of Leicester showed that the addition of putrid serum was able to cause crystallization of the hæmoglobin from human blood. Dr. Copeman confirms this result, and finds it to be the most ready method of obtaining the crystals; but he shows that human blood will also crystallize on treatment by any of the following methods: (1) a modification of the ordinary ether process; (2) the addition of a solution of bile salts; (3) semi-digestion in the stomach of the leech. But the important result of Dr. Copeman's research is this, that the crystals from human blood always give the spectrum of *reduced* hæmoglobin, whereas those from all other mammalian blood save that of monkeys are crystals of oxy-hæmoglobin. Monkeys' blood crystallizes in diamond-shaped or six-sided plates, whereas the human crystals are rectangular plates; so that the two may be easily distinguished. If these results are confirmed there is no doubt that they will prove a great aid to the solution of an old-standing problem in forensic medicine. We may mention that in a preliminary discussion of blood-tests generally, the author calls attention to the value of the reduced alkaline hæmatin (hæmochromagen) spectrum from its definite nature, and the ease with which it is obtained. His method of producing it is to treat the blood with hyposulphite of soda, with the subsequent addition of strong caustic soda solution. The spectrum will be found figured in most modern physiological text-books.

BOOKS, &c., RECEIVED.

Birmingham Medical Review.

Report of the Bolton Infirmary.

Report of Guy's Samaritan Fund.

South African Journal.

Catalogue of Lewis's Medical and Scientific Library.

Epitome of Surgery. By Ridley Dale, M.D. Published by H. K. Lewis. Price 8s.

The Student's Text-Book of the Practice of Medicine. By Angel Money, M.D. Published by H. K, Lewis. Price 4s. 11d.

Practical Organic Chemistry; adapted for the B. Sc. and Int. M.B. Lond. Examinations. By Samuel Rideal, D. Sc. Published by H. K. Lewis. Price 1s. 11d.

LECTURES on PATHOLOGICAL ANATOMY

BY

SAMUEL WILKS, M.D., F.R.S.,

Consulting Physician to, and formerly Lecturer on Medicine and Pathology at, Guy's Hospital, and the late

WALTER MOXON, M.D., F.R.C.P.,

Physician to, and some time Lecturer on Pathology at, Guy's Hospital.

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Guy's Hospital Gazette,

APRIL 27, 1889.

TWO CASES OF ADHERENT PERICARDIUM.

By E. C. Kingsford.

Case I.

James D——, æt. 28, admitted February 28th, 1889, for dyspnœa and anasarca with ascites; had been under treatment several times before, and dated his trouble back 14 or 15 years, when he had an attack of acute rheumatism. He was considerably cyanosed, and his abdomen greatly distended; paracentesis was performed shortly after admission and 250 ounces of fluid drawn off. There was a loud systolic bruit, which could be heard at any point of the chest, and the area of cardiac dulness was very extensive. He steadily grew worse, and died on March the 5th. No local pain was complained of.

Autopsy. — On removing the sternum and costal cartilages in the usual way, neither of the lungs were visible, the whole space being occupied by the pericardium. The lungs occupied the posterior part of the chest and were firmly adherent to the parietes and pericardium; so firm indeed were the adhesions that the thoracic contents, together with the liver and kidneys, had to be removed in one mass and subsequently dissected.

The pericardium was adherent to, and incorporated with, the heart wall, so that it could not be stripped off. The organ was immensely dilated and hypertrophied, the left auricle easily accommodating both hands. When quite freed from blood, it, with the arch of the aorta attached, weighed 30 ounces. The mitral orifice presented a calcareous ring and was larger than usual, its valvular character apparently being altogether lost. The tricuspid admitted four fingers with ease, and the valve seemed to be competent, but along its free edge were some calcareous patches. The pulmonary and aortic valves were healthy and competent, the lumen of the aorta being abnormally small, but its walls healthy, whereas the pulmonary artery was dilated and extensively atheromatous and even calcareous in places. The cardiac muscle appeared to be healthy, but was much hypertrophied.

Lungs and kidneys congested; spleen large and firm, 13 ounces; liver small and rounded off at margins, so fibrous was it in structure that on section the free surface presented a granular appearance, and although its bulk was reduced it weighed 71 ounces.

Case II.

Mary B——, æt. 54, who had been in the Hospital 18 months, suffering from chronic Bright's disease, died on March 7th, 1889. In this case only a small margin of the right lung was visible, besides the pericardium, on removing the sternum; there was some pleuritic fluid in the left chest, and the lung on this side was pushed backwards and upwards, while on the right it was firmly adherent to the pericardium and parietes. On removing the heart the pericardium was found to be adherent to it throughout, and could only be stripped off with considerable difficulty, the two being bound together by a thin layer of areolar tissue. The organ was bovine, and when cleared of the pericardium, vessels and blood weighed 20¼ ounces; the outer ⅛ inch or so of the ventricular walls was composed, for the most part, of fibrous and fatty tissue; this was true cardiac substance

degenerated and not organising layers of lymph. The mitral orifice was considerably dilated and a few calcareous patches were found in the valve, the other valves being normal. Aorta very atheromatous and calcareous; pulmonary artery healthy.

Lungs congested, œdematous and with dilated tubes. Liver nutmegged, 49 ounces. Spleen firm, 7½ ounces. Kidneys small, granular and cystic, the two together weighing 5 ounces.

In neither of these cases was the condition of the pericardium diagnosed, precordial retraction unfortunately was not looked for. M. B. had for four months complained of frequently recurring paroxysmal pain, starting at the right wrist and travelling up the arm and across the chest to the left centre; this was generally relieved by the administration of a stimulant. But J. D. does not seem to have been visited by any anginal symptoms.

The condition of the aorta and of the pulmonary artery in each case is of interest.

Bolton, March 13th, 1889.

EIGHT CASES OF HERNIOTOMY.

By Wheelton Hind, M.D. Lond., F.R.C.S. Eng.

It is often said that private practitioners see very little good surgery, and more rarely get the chance of doing any, but I emphatically combat this statement, and would substitute the following: if a G.P. wants to do surgery, he can, if he lives in a town, get enough to make him soon marked out as an operating surgeon. The fact of the matter is that any one can write a prescription, and, in a good many cases, it does not very much matter what is prescribed, as the one thing needed is to have seen the doctor and to believe in him; but it is not every one who is a true or even a manufactured operator; and then surgery requires assistants, and these are not always forthcoming; and some men don't care to assume all the responsibility of a critical case and attack them single handed. In addition there is the question of nursing, a very vital one as far as success is concerned: but I repeat that if any G.P. wants operative work he can get it.

Perhaps men may think that I am more fortunate in my surroundings than many; as many of my professional neighbours are ready to help me even without a fee, for, of course, one's first operations are not done among the aristocracy and the operation is often feeless, and there is a good system of parochial nursing so that two trained nurses are to the fore who are only too delighted to have the chance of a case, to them now a little out of the common, and I am sure I owe a great portion of my success to these factors. I have only refused one operation since I came here, and that was a stone case where the stone weighed 4½ ozs., and the patient was too poor and the house too dirty to permit me to attempt home treatment, but if I had the chance over again I would hire a room and do it. My great opponent in surgical matters is the N. S. Infirmary, where the surgery is excellent, and which, of course, gets nearly all the best cases.

I am going, if I may, to give you the results of my herniotomies, hoping that my notes of them may be useful. The operation is one which any one may be called on to do, and hardly any two hernias are alike as my small list will show.

Case I.

was in a woman, æt. 30, three months pregnant; has had a lump in right groin the size of a pigeon's egg for several years; had been vomiting some days thinking it due to her condition; has been becoming rapidly worse. When I saw her in consultation with her attendant her face was drawn and anxious. There was continuous retching and bilious vomit, legs drawn up, abdomen tender but not hard, scanty urine. Tumour red and tender, part dull, part tympanitic on pressure; no impulse. Temp. 100°. Pulse rapid and thin. Tongue furred. $CHCl_3$ was administered, and taxis tried very gently for five minutes; it failed, so I cut down, and found knuckle of bowel dulled with lymph and omentum. The former was returned without incising ring. Omentum adherent to sac. Sac was dissected up and a mass with omentum transfixed and ligatured with strong gut, à la Staffordshire knot, and the protruding part removed, which weighed 4 ozs. The case recovered rapidly, pregnancy went on to term, confinement very speedy, no return of hernia, radical cure. Wore a truss for twelve months.

Case II.

Was called in consultation to an elderly toper, a joiner, the subject of large right scrotal hernia and left bubonocele; delirium tremens three months ago. History.—Hernia always went back till a week ago, since when it could not be returned. Complains of dragging abdominal pain, wind and motions passed occasionally, but tumour is getting larger and very painful; occasional vomiting. Tongue white but moist. Temp. normal. The tumour was about the size of my two fists, very hard, generally resonant, but there was a hard mass in it which gave one the idea of a mass of fæces which had got into the bowel and so become incarcerated. Taxis and elevation with opium had been tried; $CHCl_3$ was given, and I tried taxis, and this failing, although there were no urgent symptoms, I decided on operating and cut down. Never before had I seen the tissue incised in this operation so vascular, numerous vessels required ligature, and I cut through many more layers of tissue than I should have done, according to the anatomists, before reaching the sac, which was enormously thick, the wall containing ¼ inch of condensed tissue. A large quantity of sanious

fluid (¾ pint) flowed away, and I found a large piece of colon in the sac covered with granular lymph, as was the sac wall. The wall of the bowel was tough, swollen, and very much thickened, but without adhesion.

I passed with difficulty my finger through the ring and endeavoured to return the bowel, but nothing would induce it to go back till I got a director and considerably enlarged the ring, when I found adhesions just within the ring to the bowel. On getting the bowel back there was a rush of sanious fluid, and about two pints were evacuated by pressure on abdomen, and the patient was turned over to facilitate drainage. It was impossible to do anything towards a radical cure as the sac was so thick and so intimately adherent to the scrotal tissues, but I stitched the edges of the incision in the abdominal aponeurosis together, and strove to obliterate the neck of the sac by stitching it across.

All went well for three days when the patient developed delirium tremens, and was exceedingly violent, but the attack passed off in 48 hours; the violence caused great strain on the stitches, and free suppuration took place in the sac with sloughing; incisions were made, drainage effected, and obliteration of a great part of sac resulted. Convalescence was tardy but complete; but, as the man refused to wear a truss, the hernia came down again, three months after which it could be returned with great ease.

Case III.

was an old man, 70, with violent cough. Hernia down one day from coughing; never ruptured before. Taxis applied off and on for 24 hours, at end of which time I saw him. Strangulated hernia, anxious expression, vomiting, rigid abdomen, complete obstruction.

Under $CHCl_3$ I gently attempted taxis for five minutes, and then cut down and dilated ring with finger; bowel went back easily, but did not gurgle. Next day, Jan. 19th, had passed wind, no motion, restless and tissues about abdomen soft. He continued in this condition for three days, when he began to vomit fæcal matter. Abdomen soft; no rise of temperature; tongue clean. Next day passed wind in large quantities, and bowels acted with enema. Gave cal. gr iii. opii. gr i.

Jan. 24th. He vomited again, but passed wind; abdomen soft; wound healthy.

25th. Has passed more wind per rectum; abdomen rather swollen but soft; no local hardness.

26th. There was a discharge of fæcal matter from the wound. Much improved.

27th. When I arrived was horrified to find that his friends had changed his room, and dragged him downstairs, with the result of a sudden attack of abdominal pain and collapse. Fæcal extravasation. Death occurred one hour after I saw him.

Case IV.

was a very simple one. I got to it early, before taxis had been long tried and the bowel injured thereby, and on cutting down found a small congested knuckle of bowel which I returned. In this case I was completely single-handed, being disappointed of a promised assistant, and there was only an old peasant woman to bring water. To give $CHCl_3$ and perform herniotomy at once made one long for the refinements of Guy's Operating Theatre. The case did well. I ligatured and cut away sac, and there has been no return of the hernia.

Case V.

was a lady of 40, who had had an irreducible omental hernia for some years. It suddenly became painful, rather large, and was attended by vomiting, but no obstruction. Rest in bed, with ice and opium, soon removed urgent symptoms; but they kept returning, so that a few months after she asked me to operate. I did so, and cut down; found only omentum in the sac, but felt something stiff on trying to find the ring. The omentum seemed adherent all round the ring, and I dissected up the sac, and, transfixing it and the hernia, ligatured them with the Staffordshire knot, and removed the protrusion. The portion I brought away turned out to be a piece of omentum which had come into the sac not by its free edge, but was doubled into it, and from the condition of the abdominal surface of which it was evident that at times a knuckle of bowel had become prolapsed into this hollow omental sac; fortunately for the patient the bowel had been reduced before the omentum was removed, but there was no sign of the condition of affairs, which I believe obtained, before amputating the omentum, and it would have been impossible to have avoided doing fatal damage or performing a far graver operation—that of suturing the bowel, perhaps resecting it, if a piece of bowel had been in the sac. The case did well, and now, two years after operation, there has been no return of the hernia.

Case VI.

This was in a man who had had a fractured pelvis, the fracture passing through the body of the pubes on the right side. The symptoms were acute, of eight hours' duration, and no taxis had been applied. $CHCl_3$ was given, and taxis was applied for a few minutes gently. The hernia was an old one, and very large. I then cut down, and exposed the bowel, which was discoloured, and there were 18in. of small intestine in the sac. I divided the stricture and returned the bowel, ligaturing the sac which I had dissected away. The case did well, with the exception of some sloughing in the scrotal tissues. I cannot say whether the cure is radical or no, as I have lost sight of the man since.

Case VII.

was highly interesting. A man, age 64, had had a rupture for years; always reducible. It had come down fourteen hours before I saw him, and taxis had been applied and the hernia reduced, without alleviation of symptoms. I was called, and found the man extremely collapsed, eyes sunk, persistent fæcal vomit, rapid and small pulse, complaining of great pain and tenderness in the right inguinal region. Tongue furred, but moist. There was no hernia down, though the finger could be pushed easily up into the canal through the external ring, but there was a fullness of the abdominal wall just above the situation of the internal ring, and this

was the seat of the pain. On coughing, well marked impulse could be felt by the finger pushed up into the canal, and a bulging which receded at the termination of straining. I diagnosed reduction *en masse*, and decided to operate. Under $CHCl_3$ I cut down and exposed external abdominal ring, and passing director under the external oblique parallel to Poupart's ligament up and out, I incised that tendon for two inches, exposing a hernial sac tucked up behind the muscle. I opened the sac and a quantity of dark fluid escaped and exposed a highly congested, almost black, piece of bowel, but without lymph, very highly constricted at the internal ring, so tight that it was with difficulty I could pass a hernia director through. This I at length accomplished, and incised the stricture, the bowel going back with a gurgle. Everything was done to resucitate the patient, but the vomiting and collapse continued; wind passed per anum and he had a copious motion, but he never rallied—death eighteen hours after the operation.

Case VIII.

was one of a large umbilical hernia in a woman, æt. 44, of intemperate habits. The rupture was of long standing, but had gone back easily. This time her medical man could not reduce it. I was called, and applied taxis; this failing, I cut down; found large intestine and omentum, the latter universally adherent. I had the utmost difficulty in getting the bowel to return into the abdomen, though there was plenty of room for it to return at the neck of the sac, but after much fruitless endeavour I only succeeded by enlarging considerably the opening. The next day all was very favourable, but forty-eight hours after I was sent word that death had taken place. As the case only happened last week, I have not yet learned the direct cause of death. The obstruction was overcome, as flatus was passed freely per rectum. In the sac I found a free fatty nodule which dropped out on incising the sac.

On reviewing the fatal cases one point especially struck me, and that is that in all these, and in none of the successful ones, was taxis applied repeatedly and at intervals before I saw them, though in the umbilical case I do not think that this had anything to do with the fatal issue. The bowel looked healthy, and from the condition of things on the first dressing I hoped a complete success.

Case III. too, I think, might have recovered, notwithstanding the injury to the bowel, as a fæcal fistula had established itself very nicely, had it not been for the folly of his relatives; of course this is one important factor against the success of G. P's. operations, but on the whole the results may, I think, be considered good. Two of the operations were done in tradesmen's houses, the others in small cottages of the lower artizan class, two being town paupers. The final point to which I shall allude is the proportion of radical cures. I always attempt, if it is in any way feasible, to procure this result, and adopt the method of twisting, ligaturing, and then excising the sac. In two cases I ligatured the pillars of the ring, but convalescence was delayed till the ligatures came away.

Green Extracts.

Epitome of Surgery, by R. Dale, M.D., nett price 8s.

This hand-book of surgery is intended to be used by the student as a Remembrancer just prior to the date of examination, and thus resembles Keetley's well known *Index of Surgery*. Though styled a "complete" compendium of the science and art of surgery, it nevertheless omits all notice of Diseases of the Ear, Dental Surgery, and Gynæcology in its surgical aspects. The demand for such book cannot be denied, for both *Keetley* and *Carter's Medicine* have passed through several editions; and the demand as usual creates a supply. The present volume differs from the *Index* in many respects: it is not arranged alphabetically; the descriptions are more in the form of extracts than notes; and the details of operations, and treatment generally, are much fuller. It is thus pleasanter reading, and a good index at the end makes it easy of reference. It is not up to date in many places, and the names used are sometimes old-fashioned. The account of Brain Surgery is taken bodily from Horsley's papers, and no mention is made of the diagnosis of many cerebral diseases amenable to surgical treatment, which the student of to-day is expected to know at the College. The operation for the radical cure of hernia, which is always performed at Guy's and elsewhere, is dismissed in four lines, while Wood's operation, which has long since been decently buried and a headstone set up to its memory, occupies as many columns. There is a very little about the treatment of Gall Stones; nothing at all on hydatid and abscess of the liver; nor on the surgery of pulmonary diseases. The differential diagnosis of allied affections is frequently given in tabular form, and our readers will please to remember there are seventeen points of difference between a local and syphilitic chancre. As a general rule the operations are well described, the successive steps being duly noted, as well as the instruments required, and the after treatment. The pathology is sketchy and at times peculiar. What is the meaning of this? "The cystiform variety of Carcinoma of the Breast is due to the serum which is poured off by the cancerous growth accumulating between the capsule and the outer surface of the tumour, and distending this so that it forms a cyst within which is the carcinoma."

Keetley frequently gives references to papers and records where the subject can be further studied. This is of value for the higher examinations, and might with advantage be added to the present volume. On the whole we think the Epitome is superior to the Index, though somewhat larger and rather less like a note book. It is neatly bound, and of a convenient size, and certainly a useful book.

Punch's advice to those about to buy *Keetley*, Don't; buy *Dale*. The price is the same.

The Practice of Medicine, Fcap. 8vo. By Angel Money, M.D., M.R.C.P.

We always feel the deepest sympathy with anyone who finds himself obliged to condense a large amount of knowledge into a very small space, for example the candidates who were asked at the last Conjoint Medicine Examination to write all they knew about Addison's Disease in half an hour. When, on the other hand, a Physician wilfully sets himself to condense the vast subject of the Practice of Medicine into the small space of the book before us our sympathy is entirely with the unfortunate reader who attempts to understand it. It is notoriously difficult to write a small book on a large subject, and we do not think it is our prejudice against small books in general which makes us feel that Dr. Money has not successfully coped with the difficulty in this instance. Perhaps the stress of many Examinations may make cram books on some subjects a necessity or at any rate an assistance to some men, but to be of any real help such a book must be methodically arranged, written in a clear style, and at once indicating what are the generally received facts of the subject and what the theories favoured by the author. Such a book has not yet been written on Medicine probably because it is impossible. A man's notes taken whilst studying a subject are invaluable to himself when refreshing his memory, but even when printed and bound are quite useless to another. Should we pick up such a collection we should hail with delight the following advertisement:—

LOST.—Notes on——by——of no use to any but the Author. Kindly return to——. If a reward of four shillings and eleven pence was mentioned we should be still more greatly pleased.

ORIGINAL ENGRAVINGS OF GUY'S HOSPITAL.

There are many pictorial representations of the old-fashioned, well-built, well-contrived hospital built by Thomas Guy in St. Thomas's parish, and opened for the reception of poor sick people in 1725.

The first was published by John Bowles, the same year that patients were first admitted. The engraving was a large sheet of about 26 inches, comprising a central view, and some eight small engravings round it. This is very scarce now, but there are two in the British Museum print room, one in Crowles' pennant, the other in the Crace collection. Under the central view is this, "Printed and sold over against Stock Market and at Mercers Hall." Mercers Hall, it may be remarked, is the same place where Thomas Guy was apprenticed to John Clarke, a bookseller,* in 1660; that is in the porch of Mercers Hall Chapel. It was customary to baptize, marry and bury from the church porch; I suppose apprenticing came into the same category. Chaucer's wife of Bath had five husbands at the church door.

In the old view the main plan was much as now, with many alterations shown in detail. We have in this early view the front centre and extensive wings, the central entry to a large covered passage leading right through from front to back. This arched entry of rusticated work rises from the steps of the front square. Above is a pediment with, in the centre, a medallion—a woman with a child patient naked in her lap, and behind her a pelican feeding its young, as fabled, from her breast;—on the right and left of this medallion, within the pediment, are semi-recumbent figures, male and female, apparently suffering.

Over all, on the sky view, is a sort of ribbon ornament across, with on it

"Guy's Hospital for Incurables."*

Each side of the main front, set back, are the front elevation of the wards, shewing a great number of windows each side, and windows and doors half below ground level. In the front square, as yet, without building or statue, are groups of people in the costume of the period. The first view of Bowles's shows around the central engraving, eight small ones giving some particulars: "Elevation" of some parts of the wards and colonnades under; "The butler's room:" "One of the rooms for necessaries below;" "A bird's-eye view of the square" each side of the central walk. Engravings underneath, the whole length across, are "The grand central staircase;" a view of wards right and left. The beds are apparently of substantial carpenter's work, fitted all round against the walls; in some the windows, as part of the wall, appear to open upon the bed. Patients are in bed, and doctor, nurses and attendants appear in the wards, and a very cheerful large fire is there. Proceeding along the central passage from front to back, you come into Collingwood Street, and that bounds the old hospital.

There is another view, by West and Towns, dated 1738. This one, published 13 years after the other, now shows the front square margined with buildings running north from the hospital, obscuring the wings of the hospital; on the west is the chapel, with offices and official residences, and on the east official residences and country houses. The iron work and front screen has, in the older engravings, a not unpleasant appearance; some of these are scarce.

While I am on the steps at the entry, I am reminded of a bit of my own experience when I was clinical clerk to Dr. Blundell. His habit was to lecture early in the morning, practice his dummy delivery with the students and visit the wards. Now and then a very large rough looking purse would appear, so full sometimes there seemed small room for more fees. It was my duty to know the cases and go round the wards with the doctor and his class. I was always in time except this fatal

*I have notes of books published by Thomas Guy, their titles, dates, and place of publication in Lombard Street: and testaments or bibles in 1653 especially, during his business connection with Oxford. I give the title of one of them, "The New Testament of our Lord and Saviour Jesus Christ, newly translated out of the Original Greek by His Majesty's special command. 4to half-calf. Oxford, printed at the Theatre, and are to be sold by Thomas Guy at the Oxford Arms on the West Side of the Royal Exchange, London, 1683."

* Why this was so called is shewn in a former paper.

occasion. Being not yet up, the doctor's great lumbering carriage and his old coachman were sent for me, so I partly dressed, finished the process as I went from Long Lane to the Hospital, and was received at the front steps with mock ceremony. The doctor and all the class were marshalled there ready for "the late clerk," and to treat him with appropriate chaff.

Some of the old certificates given to the students had clever and appropriate engraved headings. I don't know whether this practice is still continued. There was one of Guy receiving a sick man, a copy of a sculpture by an artist of renown: J. Bain, born in Southwark, near St. Saviour's Church, I believe. Another that struck me as particularly good represented a sage in classic habit walking in a wood, and coming upon a human skeleton, exclaims, *Hic Dei Manus Videtur.*

A STUDENT OF 1830.

GUY'S SAMARITAN FUND.

The Samaritan Fund of Guy's Hospital was set on foot in the year 1849 by Charles Barclay and Bonamy Dobree, Esqs., then President and Treasurer respectively of the Hospital, for the purpose of affording temporary relief and assistance to necessitous patients upon their discharge from the wards. The distribution of the income of the fund was entrusted to the Taking-in Committee, which meets weekly, and consists of the Treasurer of the Hospital and two members (taken in rotation) of the Court of Committees. The capital of the fund, which is made up of donations not applied in immediate relief, has been invested in the names of the President and Governors of the Hospital, under their corporate name. The selection of the securities for the purpose is committed to the President and Treasurer for the time being.

For some years after the establishment of the Charity the outlay on relief during any one year was limited to the interest on the previously invested capital, together with the annual subscriptions; the whole of the donations being invested in the augmentation of the capital. The increase, however, which had, through this means, gradually taken place in the amount of capital, having rendered a continuance of the same system less urgent, the restriction was, by a resolution of the Court of Committees in the year 1868, removed, and the Taking-in Committee were authorized to apply to the purposes of immediate relief the whole or any portion they might think proper of the year's receipts, from whatever source the same might be derived, with the exception, of course, of any donations that might be expressly given with a view to investment. Under this authority, which has been ever since acted upon, the annual outlay in relief has been considerably increased.

The special object to which the bulk of the funds at the disposal of the Taking-in Committee have for several years past been devoted has been to procure admission to various Convalescent Institutions of poor patients of the Hospital, who, when no longer in need of active medical or surgical treatment, and not in a condition, consequently, to be retained as inmates of the wards, require still the aid of rest and fresh air to regain their strength, and to be brought into a condition to pursue their ordinary avocations. It will be seen from the accounts appended to the present and former reports that the institutions to which the patients of Guy's have been most indebted for this help have been:—The Convalescent Home at Bognor, founded and supported by the Merchant Taylors' Company; Bridge End Home, near Ockham, instituted and maintained by Miss Lushington, the daughter of our late revered Governor, Dr. Lushington: the Home at Woodford, founded by Mrs. Gladstone; the Metropolitan Convalescent Institution at Walton-on-Thames; and the Convalescent Hospital at Dover, under the management of Mrs. Rusher. Guy's Hospital also receives from time to time, through the good offices of friends, nominations to the Margate Infirmary and other institutions. For the patients admitted to the institution at Bognor, the Samaritan Fund is put to no further expense than a payment for their travelling expenses there and back of 5s. 6d. each. In the case of the other institutions named, although the contributions from the Samaritan Fund have been more considerable, a large portion of the outlay incurred on behalf of the patients has been borne (as has been gratefully acknowledged in former reports) by the supporters of those charitable institutions.

In addition to the relief afforded to discharged patients in the manner just described, disbursements have been from time to time made out of the Guy's Samaritan Fund—(1) in the provision of surgical appliances in chronic and other cases in which such aid is not allowable, under the rules of the Hospital, out of its general funds, though still requisite for the patient in order to his pursuing his ordinary work; (2) in supplying to the most necessitous patients a few common articles of clothing, and small sums of money to enable them to reach their homes, or to provide them with a few days' food or lodging. To effect the former object in the most economical manner, stocks of flannel, cotton prints, calico, and stockings have been from time to time purchased, on account of the Fund, by the Matron; the materials being supplied to the female patients to make up for themselves into articles of clothing before leaving the Hospital.

The expenses met by the Fund during the past year amounted to £486 8s. 5d.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

Passim.

Work begins again on Wednesday, May 1st. The Hospital is always very dull during vacation time, but then there is the consolation that many of our men, and teachers too, are enjoying a well-earned holiday in the country. The few bright days at Easter were welcome enough.

In spite of the dulness, however, there was a big crowd in the operating theatre last week to witness the first case of excision of the larynx which has occurred at Guy's. The result was most successful, and it must be very gratifying to Mr. Symonds. Our best thanks are due to the patient for so kindly submitting himself to the trying ordeal of an a.m. inspection. Hahn's tube, which had been used in the operation, and Foulis' artificial larynx were also shown; and the patient demonstrated the possibility of phonation without a larynx, either natural or artificial. The full account of this interesting case will be published in the journals very shortly.

We most heartily congratulate those gentlemen whose names appear on another page, but we must also apologise to our readers for the absence of a few other names which were unfortunately delayed in transmission (through the College).

All information as to the Lectures for the Summer Session will be found in the Colonnade.

Candidates for the next half-yearly examination for matriculation in the London University are particularly requested to notice that the June examination is, in the present and future years, to be held a week earlier than heretofore —namely, on Monday, the 10th of June.

Mr. Collier will gives a series of Practical Demonstrations in Materia Medica (recognition of specimens, &c.) to the past and present pupils of his Pharmacy Class, who intend to present themselves for the intermediate M.B. Lond. Examination in July.

We are glad to see that another Dispensary porter has been engaged to relieve the "slaves" of the bucket by carrying ice, drugs, and other materials from the Dispensary to the Wards. There has long been need of such assistance.

It is an old observation that in the springtime of Nature—of whom it is written,

> To thee only God granted
> A heart ever new—
> To all always open,
> To all always true—

a young doctor's fancy is wont to turn in a particular direction. Our readers, therefore, will be prepared to hear that a late editor of the "Gazette" has entered upon wedded life, and will join with us in offering our congratulations and best wishes to Mr. and Mrs. Campbell on the occasion of their marriage.

Hospital News.

FORTHCOMING EVENTS.

April	29.	Cambridge Third M.B. Schedules to be sent in for signature.
May	1.	Summer Session commences.
„	3.	June Appointment List opened.
„	14.	June Appointment List closed.
„	20.	Cambridge Second M.B. Schedules to be sent in for signature.
„	24.	Applications received for House Physicians and House Surgeons.

VACANCIES.

Applications for the following Appointments at Guy's are invited:—

Two Demonstrators of Anatomy.
Demonstrator of Biology.
Sub-Curator of the Museum.
Medical and Surgical Registrars.

The present holders of these appointments are eligible for re-election. The selected candidates will be required to commence their duties on September 1st.

Greenwood, E. Climson, L.R.C.P., M.R.C.S., has been appointed Medical Officer to the Marylebone Almshouses.

RESIDENTS ON DUTY DURING MAY.

House Physicians.

Senior—J. Lloyd Roberts, M.B., B.A., B.Sc. (Lond.), M.R.C.S., L.R.C.P.
Junior—A. Parkin, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P.
Out-patients—E. H. Starling, M.B., B.S. (Lond.), M.R.C.S. L.R.C.P.

House Surgeons.

Senior—E. F. Gardner, M.R.C.S., L.R.C.P.
Junior—R. D. Mothersole, M.R.C.S., L.R.C.P.
Surgery– G. B. Smith, M.B., B.S. (Lond.)

Resident Obstetrics.

Senior—A. D. Fripp, M.R.C.S., L.R.C.P.
Junior—G. J. Padbury, M.R.C.S., L.R.C.P.

Dressers for the Week.

May 1st, J. W. Russell; 8th, F. W. Hall; 15th, Price-Jones; 22nd, R. P. Lansdowne; 29th, W. Smith.

Ex-Dressers.

May 1st, F. S. Wood; 8th, J. W. Russell; 15th, F. W. Hall; 22nd, Price-Jones; 29th, R. P. Lansdowne.

Mr. F. E. Beddard, M.A., is announced to deliver a course of six lectures in the Lecture Room of the Zoological Society's Gardens on Thursdays, at 5 p.m., commencing May 2nd. Subject: "Some of the more interesting animals in the Society's Gardens."

FINAL CONJOINT EXAMINATIONS.

April, 1889.

PRINCIPLES AND PRACTICE OF MEDICINE.

1. What are the physical signs of aneurism of the ascending portion of the aorta? Describe the symptoms attributable to pressure of the enlarging tumour upon neighbouring parts.

2. You are called to a case of acute lobar pneumonia following exposure, and in an early stage. What circumstances would influence you in your prognosis of such a case, and how would they guide your treatment?

3. What symptoms would manifest to your judgment that a patient is suffering from typhlitis and perityphlitis, and what treatment would you recommend in the face of such symptoms? State also what are the morbid changes found on post-mortem examination in such cases.

4. Describe the rashes which appear in the following diseases according to the appearance, the local distribution, and the course as to time of each in order:—Typhus, enteric or typhoid fever, small-pox, chicken-pox, measles, and scarlet fever.

5. Enumerate the forms of paralysis in which rapid and considerable atrophy of muscles occurs. State the principal changes which the electrical reactions undergo, and the precise electrical treatment you would adopt in such cases.

6. State what you know concerning the symptoms, the diagnosis, and the pathology of Addison's disease. Candidates must answer, at least, four of the six questions.

SURGICAL ANATOMY AND THE PRINCIPLES AND PRACTICE OF SURGERY.

1. Describe the operation you would perform for excision of the elbow-joint for disease. Mention the structures the division of which should be avoided. Enumerate in order the parts which must be divided.

2. Describe the course and relations of the internal pudic artery. In the event of its being wounded by an accident, or in an operation, what measures would you adopt?

3. Define the terms myopia, presbyopia, astigmatism, and hypermetropia. Describe the ocular conditions on which these visual defects depend, and state the appropriate means by which they may be remedied.

4. Give the diagnosis of varicocele. Enumerate its causes, and state the treatment you would adopt in this disorder.

5. Describe the symptoms of a simple oblique fracture of the femur, in an adult, at the juncture of the lower and the middle third. Mention the varieties of displacement which may occur in this injury, and state their causes. How would you treat such a case?

6. Under what circumstances may a blow on the male perinæum be followed by extravasation of urine at an early and at a remote period? How would you guard against such an occurrence? Candidates must answer, at least, four (including one of the first two) of the six questions, and are strongly advised to answer all six questions.

MIDWIFERY AND DISEASES OF WOMEN.

1. Describe the naked-eye anatomy of the gravid uterus at the beginning of the third month, with its contents.

2. Describe the various methods of estimating the conjugate diameter of the female pelvis, stating the circumstances under which each is applicable.

3. Describe the operation of bipolar version, the child presenting in the first vertex position. Enumerate the circumstances under which it is indicated.

4. Give the treatment of a case of eclampsia occurring at the termination of four months' utero-gestation.

5. Enumerate the pathological conditions which may lead to enlargement of the cervix uteri, and give their differential diagnosis.

6. Enumerate the causes of retention of urine in women. Explain the mode of action of each cause. Candidates must answer, at least, four questions.

PASS LIST.

SECOND CONJOINT EXAMINATION.

Anatomy and Physiology.

Bensley, E. E.
Brown, J. J.
Colclough, F.
Cresswell, F. P. S.
Daldy, A. M.
Davies, F. W. S.
Floyd, S. G.
Hamilton, E. T. E.
Huntley, E.
Rake, A. T.
Sheen, A. W.
Wilkinson, H. B.
Wilson, F. W.

Anatomy only.

Barr, V. H.	Manning, T. D.
Bligh, W.	May, P. M.
Busteed, J. H.	Pollock, J. R. R.
Dukes, E. S.	Roberts, D. F.
Fraser, H. St. J.	Roberts, S. J.
Landon, E. E. B.	Wilmot, P. Mc K.

Physiology only.

Morice, C. E.	Slipper, F. G.
Robinson, F. A.	†Sweetlove, J. W.
Robson, T. S,	Taylor, J. W.
Sharp, A. J.	Tuck, E. S.
†Shaw, H. T.	Williams, J. O.
†Sheringham, T. G.	

Chemistry and Physics.
Part I.

Browne, H. J. F.	Russell, F. M.
Cooper, H.	Sandbach, C. H.
Greenway, C. M.	Wallis, S. S.
Hilton, O. D.	

Materia Medica and Pharmacy.

Braithwaite, C. B.	Jackson, B.
Dounelley, W. T. B.	Sandbach. C. H.
Haslam, W. A.	Yorath, T. H. B.

ROYAL COLLEGE OF PHYSICIANS.

(Old Regulations.)

Chemistry.

Baldock, E. H.	Fraser, R. C.
Evans, D. M.	Paget, P.

Materia Medica.

Baldock, E. H.	Watkins, J. P.

CONJOINT BOARD.—FIRST EXAMINATION.

Anatomy and Physiology.
Part III.

†Allan, A. P.	Hilton, O. D.
Bearblock, P. E.	Hinds, H. A.
Beddoe, D. M.	Hitchfield, A R.
Bettington, J. B.	Hoare, E. S.
Bettington, J. H.	Hopkins, F. G.
Biggs, J. J. B.	Humphreys, H. F.
Burroughs, W. J.	Jenkins, C. C.
Chaning-Pearce, D. A.	Jenrenezh, G.
Cloud, F. H. L.	Jobuson, W. J.
*Coleman, J. G. B.	Kirby, R C.
Compton, J. H.	*Layman, S. G.
Creak, A. B.	Moon, R. H.
Cresswell, S. C.	Pantin, C. S.
Culmer, J. W.	Park, W. C. C.
De Korte, W. E.	Pendred, V.
Eccles, H. D.	Phillips, R. E. G.
Edwards, F. H.	Philps, F. G. M.
Hacquoil, P. M.	Pritchard, W. C.
*Harding, C. H.	Reid, E.
Hazell, F.	†Richardson, J. J. D.
Henderson, R.	Ritchie, R. H.

†Passed in Physiology only. *Passed in Anatomy only.

PYREXIA.

TREASURER'S PRIZE ESSAY.

(Concluded.)

We now come to consider the clinical symptoms of pyrexia, and of these the most important and usually the first noticed is elevation of temperature, as indicated by the clinical thermometer. In all forms of fever there is increased frequency of the heart's beat, and it is interesting to consider whether this and other symptoms are the direct result of the increased heat of the body, or whether they are independent effects of the causes of fever. Now it is the view of the latest scientists that the rapid pulse which accompanies pyrexia is the direct result of the rise of temperature. To prove this, Cohnheim brings forward the well-known fact that the pulsations of the frog's heart are increased in frequency when the warmth of the surrounding air is increased. The respiratory movements are also accelerated. This symptom is attributed to the influence of the heated blood on the respiratory centre. This view is supported by an interesting physiological experiment: if the carotid blood alone be warmed, the respirations are increased in frequency. The most striking feature presented in fever is, however, the attendant emaciation and loss of body-weight. This most probably is, to a great extent, the result of inability to take solid food.

Pyrexia is accompanied by diminution to a greater or less extent of the secretions of the body, so that the patient suffers from intense thirst; the mouth and fauces become dry, sordes accumulate on the teeth and lips, and constipation is usually present. With regard to the blood-pressure in pyrexia, it may be noted that the arterial tension is by no means increased in proportion to the acceleration of the heart's action. In the early stages of fever, while the pulse feels full and hard, it is probable that the circulation is in fact more active than in health. But, on the contrary, after pyrexia has lasted for some time, the circulation becomes sluggish. Thus we see a tendency to stagnation of the blood in dependent parts of the body, so that hypostatic congestions arise in the lower lobes of the lungs, and beneath the integument of the gluteal region, the back, and elsewhere.

A constant noteworthy feature in fever is the condition of the urine, which is almost invariably modified. It is scanty, of high colour and specific gravity; its acidity is increased, and, on cooling, it deposits a more or less abundant sediment of urates. The percentage of solids is usually higher than in health, although the amount of urine passed is diminished. A large proportion of this increase is due to a rise in the excretion of urea, of which substance twice as much may be eliminated as in health. There is a similar rise in the separation of uric acid; the colouring matters may amount to three or four times the normal quantity; and the proportion of hippuric acid, phosphoric acid, and potassium salts, is more or less in excess. On the other hand, the excretion of sodium salts is stated to be usually diminished. It may not be out of

place to introduce here a brief notice on that variety of pyrexia and its attendant symptoms which constitute what is known as "hectic." Hectic fever is a modification which often accompanies diseases of long standing, more particularly such as are characterised by the gradual development of proliferating growths, or in which there is a continuous purulent discharge. Tuberculosis among the former class, and joint diseases or caries of bones among the latter, are the most apt to induce hectic.

The peculiarity of hectic fever consists in the comparative mildness of the symptoms and their long duration. Their onset is insidious, so that the febrile condition may have even reached an advanced stage before its presence is detected. The patient notices that he is gradually losing flesh and strength, that he is chilly in the morning, while in the evening his feet and hands are hot, and his face flushed. Yet his appetite keeps good, his tongue clean, and his general constitutional condition is not seriously affected. An examination with the thermometer, however, shows that the temperature is elevated by one or two degrees, that it is lowest in the morning and highest in the evening, these points corresponding with the above subjective sensations of the patient.

As the fever runs its onward course, the symptoms are aggravated; the patient becomes pale, emaciated, debilitated, and looks ill. The temperature now is hot, above 103°, but is liable to occasional evening exacerbation, while it is sometimes subnormal in the morning. The chilliness and lividity of the hands and feet in the morning, and the dry, hot skin and flushed cheeks in the evening, are now well-marked, and the patient wakes bathed in sweats which have been called "colliquative," because they, so to speak, "melt away" the strength. The pulse is quick, but weak; there is some thirst, the bowels are constipated, and the urine is high-coloured and scanty. In all the later stages of the process these symptoms are modified and others are added. The emaciation and weakness become extreme; the pulse gets more and more rapid and feeble, the circulation is imperfect, bedsores form, the tongue is dry, the appetite fails, and death ultimately takes place from exhaustion.

We now come to an important part of the subject, namely, the treatment of pyrexia; and in the first place there are certain general principles to be observed. The room in which the patient is under treatment should be cool and well-ventilated, if possible, of large size. The diet should include no solid food, while cool, simple mixtures, such as barley water, may be given *ad libitum*. Drugs are not called for in the early stages, but as a "placebo," the patient may be ordered some harmless mixture, which may contain potassium citrate, syrup of ginger, phosphoric acid, or other simple drug. While the temperature keeps below 103° there is no need for more active measures than these, but when it exceeds this point, medicinal interference is called for, and to reduce the high temperature we have recourse to anti-pyretic remedies. Of these the oldest is the exhibition of quinine in large doses, a measure which is, up to the present time, generally adopted by the leading German physicians. In England the use of this drug has been, to a great extent, abandoned, for experience has shown that it fails in many cases.

The salicylic preparations next came into notice, and were for a time thought highly of. It has been found, however, that in addition to the minor disadvantages of causing headache and vomiting, they have a powerfully depressing action on the heart, which of itself would suggest great caution in their use.

Some years ago it was found that a chemical substance named kairin had strongly marked anti-pyretic properties. This is a highly complex substance, obtained from phenol, and occurs as white crystals, with a nauseous, bitter taste, which are soluble in water. It is administered in doses of two, three, or five grains every few hours, according to the circumstances of the case. Now it is an undoubted fact that kairin brings down the high temperature, but it is also certain that its action is transitory, as the temperature rises again almost immediately after. Thus a difficulty arises, as it has to be given so frequently, and its use has of late been almost abandoned.

A drug which is much more useful and effectual than the preceding is antipyrin, an alkaloidal substance prepared from chinolin. It is a white crystalline powder, with a not unpleasant bitter-sweet taste, very soluble in water. It is given in doses of five to twenty grains every hour in acute fever cases, until sixty to seventy-five grains per diem are being taken. In chronic pyrexia five to fifteen grains may be given every four hours. If it disagree with the stomach, it may be given either subcutaneously as a 5 % solution, or by the rectum.

When we come to examine the action of antipyrin, there is no doubt that it exerts a most powerful influence on pyrexia. Within the first hour after its administration, defervescence begins, and its effect is persistent. Valuable, however, as this drug is, it has disadvantages which render its use occasionally undesirable; for while it suddenly and violently lowers the high temperature, it acts in a powerfully depressant manner on the cardiac and respiratory systems. It is occasionally found, after the free use of antipyrin, that the patient is in a collapsed condition, the extremities are cold, sometimes even blue, the heart palpitating, the respirations shallow, and the pulse weak and irregular, so that the physician, alarmed at the state into which he has brought his patient, has recourse to an opposite line of treatment, and administers stimulants. Free perspiration and occasional sickness and eruptions may attend the use of antipyrin, and fatal collapse has been recorded in at least one case.

Antifebrin is another remedy which has been lately introduced; its action greatly resembles that of antipyrin, and it possesses similar disadvantages.

On passing in review, then, the influence of drugs on pyrexia, we are forced to the conclusion that it is on the whole unsatisfactory, and that some more rational method of treatment is called for.

Pyrexia being a manifestation of heat, it would seem that the application of cold would immediately suggest

itself as a counteracting measure. Now there always has been a firmly-rooted idea in men's minds, that to subject a person to cold when in a state of heat, is most injurious, and will most certainly bring on "a chill." So it was not until about a century ago that the method of treatment by cold was proposed by Currie. This distinguished physician was able, as a result of his own personal experience, to clearly disprove the general belief, that to enter a cold bath when in a heated state is highly dangerous. When he was a student at Edinburgh he once was on a walking tour with three other friends. At one part of their journey the route ran for some miles along the course of a river, and about the middle of the day, after walking some miles and being very hot, Currie plunged into the stream for a bath. The effect was most reinvigorating and delightful, and the walk was continued until the evening. In the cool of the evening, feeling tired, Currie, remembering the pleasant results of the former bath, again went into the water, but with a very different result. He became chilled and shivered, and it was only after the vigorous application of heat and stimulants at the inn where the tourists were staying, that the normal body temperature could be restored.

In spite of Currie's strong advocation of cold bathing febrile conditions, the treatment fell into neglect, and was not revived until 1861, when Brand, of Stettin, again brought it into notice. Jürgensen, of Kiel, was the next to support its revival, and since then it has received the attention of many physicians both in Germany and England. In the country Dr. Cayley, of the London Fever Hospital, has made special study of the subject, the principles of which may now be said to be fairly established. First of all comes the important question, At what degree of temperature shall we begin the application of cold? It is impossible to lay down a fixed and definite rule as to the point at which we should interfere, but it may be said that temperatures above 104°, especially when attended with delirium, demand treatment. With regard to the manner in which the cold is to be applied, there are several ways, each suitable under various circumstances. One method is, to immerse the patient in a bath with the water at a temperature of 60° to 65° Fahr., but it is better to start with water at 85° to 90°, and rapidly cool it with pieces of ice. The temperature of the patient must be carefully watched, remembering that it usually falls considerably after removal from the water. When it has been reduced to near the normal point, the patient is taken out of the bath, dried, and put back to bed. It is a wise precaution to administer brandy immediately after the bath to stimulate the heart's action. In cases where, owing to the scarcity of assistants, or to the delirious state of the patient, it becomes a difficult matter to remove him from bed and put him in a bath, the same end may be attained by covering the bed with a mackintosh sheet, and douching with ice-cold water. The cutaneous surface may be rubbed with pieces of ice: indiarubber bags containing ice may be placed on both sides of the neck, in the axillæ and groins (so as to cool the blood as it passes to the extremities by the main arterial divisions); or Leiter's tubes may be coiled over the same regions, and ice water allowed to circulate through them. In many cases sponging the body with cold water or spirit lotion will be found to be sufficient to give relief to the patient.

The effect of any of these means of applying cold is usually most striking, the hyperpyrexia being speedily reduced; and at the same time the severity of any delirium that may be present is much mitigated. This latter result Cohnheim attributes to the improvement in the circulation caused by the cold bath.

In concluding this paper on pyrexia, a few words on the opposite condition, namely, subnormal temperature, may be of advantage. A temperature one or two degrees below the normal is frequently observed in the wards, but, under certain conditions, a greater fall is noticed. Thus, in severe shock, it is frequently found below 95° in the mouth and in the axilla. In a case of fracture of the spine in Accident Ward last year, the temperature remained for two or three days at 95°. Occasionally, in very severe cases, the fall will amount to 4° or even 6° below the normal: such cases are usually fatal. In persons suffering from inanition, as the result of stricture of the œsophagus, the temperature keeps very low, and in cases of patients frozen by exposure to cold, the same thing is seen: the latter usually recover, a reaction setting in.

H. WEBBER.

Sport.

ASSOCIATION.

SURREY CUP. FINAL TIE.

GUY'S v. LYNDHURST.

Our Association Team are to be greatly congratulated on the way they have finished their season, as, after being beaten by Bart's in the Final for the Hospital Cup, they pulled themselves together last Saturday and won the Surrey Cup again after a very hard fight with Lyndhurst. The match was played at Dorking, which caused great dissatisfaction, as it deprived us of the services of C. D. Muspratt, who could not go such a long way, and we suppose the same reason prevented more Guy's men turning up, as there were only three and the "Boss" to represent Guy's; but these four made good use of their lungs. Nevertheless, there was a good show of spectators (some 400), their sympathies being chiefly with Lyndhurst. Guy's won the toss and started up the hill and against the wind, and, as usual, at once began to get the worst of it. The Lyndhurst forwards kept as near our full backs as they could without getting offside, and were thus able to make smart rushes, which seemed to puzzle our backs; and shortly after the commencement of the game, Lightfoot got the ball from a long kick, and, rushing by our men, scored the only point Lyndhurst got.

From the way our men were playing it looked as if we were going to be easily beaten, but after Lyndhurst had scored they seemed to wake up and began to swarm around the Lyndhurst goal, good shots by F. H. Brown

and Holman being very near scoring. The game got more exciting as the game went on, the ball being taken up and down the field, our forwards doing some very pretty bits of individual play, the combination being much better than usual, the Lyndhurst team at the time playing a very smart game. Half-time arrived with Lyndhurst ahead, but directly after the kick off we began to press, and at length Holman made the score level. The excitement now was raised to the highest pitch, both sides working tremendously hard, and both being very dangerous at times, and once Lyndhurst got a free kick for a foul close to our goal, but the ball was got away by E. J. D. Mitchell. The Guy's forwards were now very much done owing to the fast game and bad training, but the backs continued to tackle and kick well, while Lyndhurst was comparatively fresh, nevertheless they failed to score, and time was called with the score one goal all. After a little argument it was agreed to play an extra half hour. It was certainly plucky of Lyndhurst to do so as they had to play with 10 men, one of their forwards, Spurling, requesting to go on some unaccountable reason, but still they were in much better condition than our team. The game was re-started and was very slow at first, but gradually got faster and more exciting, G. Holman once getting away with one of his well-known rushes and nearly scoring. After a quarter of an hour's play the teams changed over, and the game was continued in the same even manner until about five minutes before time when our team suddenly seemed to get a new life into them and fairly danced round Lyndhurst, and a few minutes before time, from a scrimmage in front of goal, Austen Smith headed the ball through, and nothing else of importance happening Guy's left the field winners by two goals to one.

The game all through was most splendidly contested, but we most decidedly had the best of it during the last quarter of an hour. Our team played with much more dash than they did against Barts, and if they had been in better condition they would have won more easily. Of the forwards, all showed good form, the forward play being decidedly better, and the combination at times very good. Of the backs, it must be said that, as is usual, each man did his work well—Ernest Mitchell and Woodhams working splendidly—the way the latter stopped rushes being a treat to watch. Cartwright did what he had to do very well.

E. H. Cartwright, goal; G. W. Mitchell and S. Woodhams, backs; E. J. D. Mitchell, G. G. Roberts and P. J. Bradley, half-backs; H. J. Holman and A. T. Brown, right wing; W. G. Mitchell, centre; H. Arthur Smith (Capt.) and F. H. Brown, left wing.

SUMMARY OF THE ASSOCIATION SEASON.

Matches played, 16; won, 8; lost, 8; goals for 21; against, 52.

On the whole we must say that our season has been a successful one, although the number of goals we have had scored against us is very large and does not compare well with the matches won and lost. At the beginning of the season it was impossible to raise good teams, in fact, it has been so all along, and we had to scratch several matches owing to being unable to raise a team at all. But one thing is satisfactory, and that is, our Cup Team has only been beaten once, and that was in the Final of the Hospital Cup, which we have had to relinquish at last, having held it ever since it was instituted five years ago. But we have got another cup back, which is the Surrey County Cup, and so we have got something to remember the Season of 1888–89 by. Next season we shall want a lot of new blood, as seven of the present Members of the team will not be able to play.

CRICKET CLUB.

The opening match will be played on Friday, May 3rd, at Honor Oak, and the team to play against Beckenham on the next day selected after the match. We must remind keen cricketers that there will be at least three vacancies, owing to Messrs. E. J. D. Mitchell, J. H. Roberts, and Featherstone having served their term; and rumour suggests nine eminent candidates for these places.

A Committee meeting was held in the Club on Wednesday, April 24th, when Messrs. Busteed and Featherstone were unanimously elected to the posts of vice-captain and secretary, which were vacant in consequence of the enforced resignation of Mr. H. Austen-Smith. The Committee also recommended that a distinctive cap be allowed to every member who is selected and plays in any Cup Tie; no member playing as substitute to wear this cap.

Marriage.

CAMPBELL—SONNENSCHEIN.—On the 18th inst., at Anerley Independent Church, Henry Johnstone Campbell, son of the late P. Campbell, of Erith, Kent, to Mary Sonnenschein, daughter of A. Sonnenschein, Esq., of Anerley.

Advertisements.

A MEDICAL MAN (unmarried) having a larger House than he requires, in a pleasant suburb, eight minutes by rail from London Bridge, very convenient for Guy's, would be glad to receive one or two Students to RESIDE and BOARD with him. Terms moderate.—Apply, A. T. D., Medical School, Guy's Hospital.

WANTED, ASSISTANTSHIP by Guy's Man; full curriculum; unqualified; large experience in all branches; 37 years of age; near Hospital preferred; excellent references, testimonials, &c.—Address, Angustus, Guy's Hospital.

LECTURES on PATHOLOGICAL ANATOMY

BY

SAMUEL WILKS, M.D., F.R.S.,

Consulting Physician to, and formerly Lecturer on Medicine and Pathology at, Guy's Hospital, and the late

WALTER MOXON, M.D., F.R.C.P.,

Physician to, and some time Lecturer on Pathology at, Guy's Hospital.

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Guy's Hospital Gazette,

MAY 11, 1889.

CLINICAL LECTURE:

By Dr. Goodhart, on February 23rd, 1889,

ON A CASE OF SYPHILITIC DISEASE OF THE LIVER.

Dr. Goodhart commenced the lecture by reading out the report of the case.

A man, 44 years old, was admitted into John on February 10th, for ascites and jaundice.

Family history is of no importance.

Previous history.—Patient has been a fish-porter for the last 28 years, working at Billingsgate market—hours from 5 a.m. to 3.30 p.m. Generally makes 20 journeys a day, having half pint of beer each journey. Has never drunk spirits. He had an attack of jaundice eight years ago, which lasted six weeks. Has suffered from morning sickness for some years. Denies syphilis.

History of present illness.—He began to be jaundiced in November; about the same time he began to suffer from drowsiness, and from pain and tenderness in the hepatic region. He first noticed that his abdomen was swollen four weeks ago. His legs began to swell about the same time. No hæmatemesis. Stools white. Has wasted much during the last three or four months.

On admission.—Is a very thin man. A considerable degree of jaundice is present; his skin has a yellowish, earthy tinge, and is dry. There are one or two small brown scars over the anterior surface of the right leg, not more than ½-in. in diameter. Both legs are swollen, the left more so than the right.

Alimentary system.—There is great distension of abdomen; an obvious thrill is present, and the level, to which the dulness in the flanks reaches, varies with the position of the patient. The abdominal walls are too tense to admit of palpation of the liver. Complains of no pain in hepatic region. The upper limit of the liver dulness is about normal.

Urine—1027; acid; no albumen or sugar; contains a good deal of bile pigment, as well as a deposit of urates. Urea 3½ per cent. The quantity is scanty.

The other organs are healthy.

Feb. 12th.—Tongue clean. Appetite poor. He continually vomits up mucus mixed with food, without any relation to food. He passed a motion last night, which was not seen; he says it was white and clayey. He is taking farinaceous diet and mist. potass. acetat. co. ℥j., 4tis horis.

13th.—The abdomen was tapped and 12½ pints of clear fluid drawn off. After tapping, the liver dulness was found to extend 1½ in. below the edge of the ribs in the nipple line, where the edge of the liver could be felt—thick, hard and rounded. The spleen could also be felt, coming down some distance and lying altogether to the left of the middle line. He passed a motion containing bile pigment to-day.

14th.—Fluid began to squirt out of the hole in the abdominal wall in a good stream; so he was tapped again at the same place, and five pints of clear fluid were drawn off.

19th.—At Dr. Goodhart's suggestion, the aperture was dilated up with a probe, when a few drops of clear serum came away. There was a bead of pus in the opening. This evening he complained of pain in the abdomen, and was much weaker.

20th.—Is much weaker; pulse quick and feeble. Has vomited everything in the night. Complains of pain in the abdomen, especially around the umbilicus; there is tenderness on palpation. No distension of abdomen.

21st.—He gradually got weaker, and died at 4.30 p.m.

Abstract of Autopsy.—The peritoneal cavity contained seven pints of serous fluid. There was general peritonitis, which connected the several viscera together by filamentous bands, which were easily torn through. There was a loculus adjacent to the inner surface of the spleen. The peritonitis would probably be about ten days old, and would, therefore, date from the time of the first tapping. The omentum was thickened, and formed a band below the edge of the liver.

The Liver.—The general shape was rounded. The thick, round anterior edge was seen in the position in which it was felt during life. The capsule was exceedingly thick all over and firmly adherent to the neighbouring parts. The whole mass was formed by the right lobe; after a little search the left lobe was found tucked in under the gall-bladder; it had shrivelled up into a small mass of tough fibrous tissue, about 1 in. long and ½ in. broad. On cutting into the liver, large gummata were seen occupying the greater part of its mass. The liver substance was exceedingly tough, and of an olive-green colour.

Spleen weighed 19½ oz.; the capsule was very thick; there were no gummata; somewhat tough.

Testicles and other organs healthy, except that the lungs contained a little blood, which was due to some epistaxis which had taken place the day before he died.

Dr. Goodhart remarked that the history of beer-drinking had induced him before death to regard the case as one of cirrhosis, but after all he thought it might not have had much to do with the case, as a man doing such heavy work could readily work off a large quantity of beer a day. In diagnosing ascites, he did not look upon the presence of a thrill as of so much value as the presence of dulness in the flanks, the level of which changed with the position of the patient. He did not think the re-opening of the track of the canula with a probe did much harm in this case; his idea was that by draining the peritoneum the cavity might in time be obliterated. With regard to the absence of distension, peritonitis in people who are very ill or exhausted, and sometimes when it is suppurative, distension may be absent.

Symptoms of cirrhosis. — Jaundice, ascites, large liver, emaciation. These symptoms might also be due to perihepatitis, syphilis, cancer.

In distinguishing cirrhosis from these, the chief points are, the aspect of the patient, congested venules on the face, general shrivelling up of the subcutaneous tissues, such as was present in this man, hæmatemesis which is rare in cancer of the liver though sometimes present with it when the disease has originated in the stomach, but then it is generally small in amount, and often of the aspect of coffee grounds—and to these we may add enlargement of the liver: it has a peculiar inelastic feel—not hard as in cancer. Sometimes nodules are felt on its surface. The spleen is large in the majority of cases.

Perihepatitis leads to considerable shrinking, sometimes a peculiar matted feel just below the edge of the liver; to albuminuria; and the spleen is not felt as a rule.

In syphilis the liver is large: sometimes fatty or lardaceous, and there is often much irregularity of surface, large nodules being felt, which are doughy rather than hard.

Cancer.—Irregular enlargement, with knobs of stony hardness.

Sometimes, but rarely, scirrhus simulates cirrhosis.

Jaundice is present in 40 per cent. of cases of cirrhosis; ascites in 80 per cent. The fluid collects slowly, and the patient is generally free from pain. With regard to the presence of bile in the motions in cirrhosis, Dr. Goodhart expressed himself as uncertain. It was obvious that it was more likely to be present in cirrhosis because the obstruction to the removal of bile was not so complete as in cancer. Nevertheless, as a matter of diagnosis, he had to say that he had seen cases where the motions were as absolutely free from bile as in any case of complete obstruction.

In this case cirrhosis was diagnosed; and, post-mortem, three out of the four conditions mentioned above are found. The left lobe is excessively cirrhosed and turned round under the gall-bladder. There is a good deal of fibrous thickening under the capsule, which is perhaps secondary to the inflammation of the liver. Capsulitis of liver and spleen are usually associated either with syphilis, alcohol, Bright's disease, or some chronic congestive state.

Causes of cirrhosis as a clinical condition:—Alcohol, almost invariably; syphilis, occasionally. Other causes are mentioned in text books, such as malaria, probably does not produce it by itself; heart-disease, a condition which is histologically cirrhosis, but clinically not; tubercle, there are few if any facts to prove it; inflamed bile ducts: inflammation is said to spread along the bile-ducts (secondary to gall-stones) and thence to surrounding tissue. Dr. Goodhart has never seen it. All these things will produce certain histological changes here and there throughout the organ which are called cirrhotic, but they do not give the bedside features of cirrhosis.

Dr. Goodhart then quoted the case of a woman he had seen some months ago. In October, 1887, she miscarried, after which she had a rise of temperature. In May, 1888, she suffered from hæmatemesis, jaundice and ascites, when the liver was found to be small, and the spleen large. Soon after, she had another attack of hæmatemesis, which killed her. Post-mortem a typical hobnailed liver was found. The only suggestion he had to offer was that septicæmia had occurred after the miscarriage; then adhesive pyle-phlebitis, and cirrhosis secondary to that. Syphilis and alcohol were excluded in this case. It must be borne in mind that all rules are liable to exception, and undoubtedly a case of cirrhosis is met with occasionally where some exceptional explanation, such as some of those given above, may hold true.

FORMS OF CIRRHOSIS.

Hypertrophic.—Large liver with jaundice, and no ascites. This form is said by Charcot to be due to gall-stones. Dr. Goodhart has never been able to substantiate this in the post-mortem room; it is a clinical variety only. The majority of cirrhotic livers are large, and when very so, the size is likely to indicate an acuter change. This is an important clinical fact, because, as a rule, such cases (great enlargement with jaundice) have a more speedy termination in death.

Of all cases of cirrhosis, according to Dr. J. A. P. Price, 54 per cent. are large, 28 per cent. are small, 18 per cent. are of normal size.

Atrophic.—Often without symptoms, since 1 in 3 die from other causes and without its previous recognition; the hypertrophic is less often without symptoms. The increase in size in cirrhosis is sometimes due to fat.

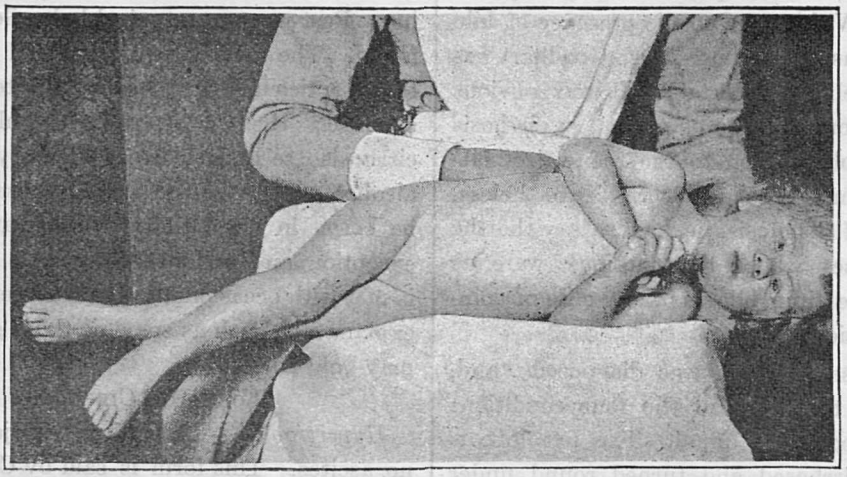
J. M. GILL.

PHYSICIAN to rich old lady, who has as usual sent for him at an ungodly hour of the night: "Madam, in my opinion you had better send for the priest without delay." "Really, doctor? Do you think me so ill? I can hardly believe it." "Oh, there's no danger I assure you, but I don't see why I should be the only fool routed out of bed by an old woman's foolish fancies."

HOSTESS at dinner to country practitioner: "May I help you to some of this rhubarb, doctor?" "No, I thank you, madam; I do not require it."

CONGENITAL SPASTIC PARAPLEGIA.

Reported by G. H. Pennell, Resident Medical Officer, Evelina Hospital.



Dr. Taylor kindly allows us to publish the following brief notes on a case recently under his care at the Evelina Hospital. The photographs are by Mr. Evershed.

Jessie M—, æt. 21 months.

Family History.—Paternal grandfather and maternal grandmother said to have died of consumption. Nothing else noteworthy.

Patient is the youngest of a family of seven children; of the others, four are alive and healthy, while two died of "diarrhœa while teething."

Personal History.—The birth of patient was not remarkable for any difficulty in the labour, but from the first, rigidity of the limbs and a marked squint were noticed. The child has always had sufficient power in its arms to bring its fists to its mouth, but has never been able to grasp anything. The lower limbs have always been rigid. Took the breast well. Is thought by the mother to be of average intelligence.

Condition on Admission.—Fairly nourished; trunk, neck and limbs all rigid.

Arms.—Fair movement at shoulder joints, but elbows fixed at about a right angle. Forearms

tend to pronation. Hands for most part clenched, the thumbs being adducted and pressed on the palms; the fingers flexed at metacarpo-phalangeal joints, the whole hand, however, occasionally relaxed. The arms and hands are moved apparently voluntarily, but in an incoordinated, jerky and limited manner; there are no choreoid or athetoid movements. Wrist and elbow jerks obtainable.

Legs.—Hips and knees for most part semi-flexed and rigid, but when touched the latter joints tend to become suddenly extended in a "clasp-knife" manner. When extended the right leg is thrown in front of the left, and the ankle joints likewise become stiffly extended. Knee jerks exaggerated; no ankle clonus. No talipes varus.

Eyes.—Well marked convergent strabismus, and occasional nystagmus of left eye. On the right the fundus appears normal. The retina just round the disc is not uniform in colour, there being irregularly distributed lighter patches, there is also a slight interrupted choroidal crescent round the outer margin of the disc.

Head remarkably small. Sagittal diameter, $5\frac{3}{4}$ inches; transverse diameter $4\frac{1}{2}$ inches.

The electrical reactions could not be obtained reliably in so young a child.

[Some papers have recently appeared in the *Practitioner* on this subject.—EDITOR.]

ANCIENT HINDOO SYSTEM OF MEDICINE.

Prize Essay by BAMAN DAS BASU.

(Continued.)

Anatomy of the Hindoos.

The Hindoo anatomists enumerate 300 bones including in this number the cartilages. They enumerate about 200 joints. Bones are joined with one another by *snayu* by which they designate ligaments as well as nerves. They knew of the various muscles of the body.

Any tubular structure in the body is called by them a *nadi* (or vessel). But they distinguish three sorts of *nadis* as (1) *Dhamanee* (artery) carrying wind; (2) *Serra* (vein) carrying blood; (3) *Srota* (canal) including in this term the large and small intestines, ducts of the various glands, the lacteal vessels, &c. They describe seven layers of the skin and the several viscera within the body. They called the body a microcosm and poetically described it as containing mountains, rivers, and rivulets; the human soul was compared by them to the divine soul that governs the Universe.

It is proper here to observe that their knowledge of anatomy is not so clear as it ought to have been for medical purposes. Though dissection was countenanced by the early medical authors, the late ones abandoned this mode of learning anatomy. The religious revolution that took place in India under the leadership of Buddha might account for, to some extent, the renunciation by the Hindoos of not deriving their knowledge of anatomy by practical dissection. "Don't kill any living being" was the tenet preached by that great religious teacher of mankind. His followers pushed the doctrine a great deal further. To mutilate a dead body was a sin with them.

It is a remarkable fact, that though there were established many hospitals for the sick and the poor during the Buddhist period in India, Sanscrit literature of that period hardly contains any original medical work. The spread of Buddhism carried with it the teachings of the Hindoo system of medicine to the different countries in which it replaced old faiths, though the philosophical and religious doctrines of that creed are quite at variance with those of Hinduism. Thus the rise of Buddhism put a stop to the study of anatomy by actual dissections, and to a great extent of medical science in ancient India.

Though we have seen that the medical works of the Hindoos do not contain a clear description of anatomy, their knowledge of anatomy is displayed in another branch of Sanscrit literature.

Vaisnavism, the creed of Upper India, borrowed much from Buddhism, and thus did not pay sufficient attention to the study of medicine. But there was another sect which was quite hostile to Buddhism and eventually drove the Buddhists out of India. This sect is supposed to have been founded by Shiva. Shankeracharya, who is accredited with having expelled the Buddhists, belonged to it. *Shiva* is said to have founded also the Philosophical School of *Yoga*. It is in the literature of *Yoga Philosophy* that many anatomical truths are recorded. The last phase of this literature appeared in Bengal under the name of *Tantras*. No Oriental scholar has devoted due attention to the study of this important branch of Sanscrit literature. And excepting *Shiva Sanhita* (a Tantrik work) no other Tantra has been translated into English.

When these Tantras are studied by the Oriental scholars as closely as they have explored other branches of Sanscrit learning, the anatomical knowledge of the ancient Hindoo will be better known to the world.

The *Tantriks* are the followers of *Shiva*, and to this day their ascetics, like the founder of their system, observe it as a matter of ceremony to wear *Manda Málá*, or a wreath of skulls and vertebræ, and make the skulls serve for them the purposes of tumblers. They have their abode in cremation grounds, and follow Shiva in observance of other similar practices. Now, in the

Tantras, better anatomy is given than in the medical works of the Hindoos. From *Shiva Sanhita* (the only *Tantrik* work that has been translated into English), we learn that they were acquainted with the spinal cord and brain. They knew that the central nervous system is composed of white and grey matters; they discovered the central canal of the spinal cord, and traced its connection through the 4th and 3rd ventricles with the lateral ventricles of the brain. They call it *Brahmarandhra*, or, the dwelling house of the Human *Soul*. In the same work, we find a description of the several ganglia and plexuses of the nervous system. The brain is said to be composed of *Chandra Kala*, or, convolutions resembling half-moons.

Hindoo Physiology.

According to the Hindoo physiologists, the body is composed of five elements, and the human soul, like a driver, governs and regulates its functions. They considered the *Vayu*, or wind, *pitta*, or bile, *kaffa*, or phlegm, to be the three pillars or supports to the animal frame. A disease is a derangement of any one or more of these humors. The part which these humors play in the microcosm or animal body, has been thus described by *Lushruta* :—"As the moon sheds moisture, and absorbs the sun's rays which dry up and bestow energy upon the Earth, and as the air moves from place to place, so does phlegm bestow moisture, and bile withdraws it by its heat, and wind wafts it throughout the body. According to *Charaka*, each of these humors performs three functions in the body—viz: increase, diminution or retention of its bulk. Health is the preservation of the bulk of the body by these humors, and disease is a reverse phenomenon. These humors are called by different names when they occupy different parts of the body, and when thus situated are supposed to perform different functions.

The Hindoo physiologists describe seven essential parts which support the body—viz: Chyle, blood, flesh, fat, bone, marrow, and semen. All these essential parts result from the kinds of food taken. After food has been digested, its essence goes to form chyle, which nourishes the body. Blood is produced after the chyle has been concocted and has turned red. Flesh is produced by wind (*vayu*) thickening the blood. Fat results from the consumption of blood by the internal fire. The essential parts of blood and fat produce the bones. Marrow is the essential part of a bone. Semen results from a combination of marrow with blood.

The excretions are the impurities of these seven essential parts—thus, the dregs of chyle are phlegm; of blood, bile; of flesh, secretions from ear and nose; of fat, perspiration; of bone, nails and hairs; of marrow, secretions from eye. Semen has no dregs. The Hindoo physiologists calling the body a microcosm believed that different temperaments in different individuals were due to the preponderance of one or more of these humors. This is their theory of the origin of the temperaments;—"At the time of coition, whatever humor, wind, bile or phlegm, preponderates in the parents, produces that particular temperament in the offspring." They have assigned diseases to individuals of each particular temperament. They regard death as the separation of the human soul from the body.

It is evident that the Hindoo physiologists were ignorant of the very basis of our modern physiology. Harvey's discovery of the circulation of blood, from which dates the rational system of physiology, was not known to these ancient sages of India. They had an idea of partial circulation taking place in the body when they considered the *Vyana Vayu* propelling blood and other fluids through it.

Hindoo Materia Medica.

All nations in their primitive state of advancement must use for medicine (as for any other purpose) those things which they can procure easily. The Hindoos form no exception to this general rule. We have said above that the first thing used by them as medicine was water; but as their knowledge of the external world enlarged, they came to know the curative properties of plants, and the word *medicine* in Sanscrit came to be synonymous with herbs.

Their knowledge of the medicinal drugs of vegetable origin was very extensive. *Lushruta* has left us a satisfactory record of the properties of 760 medicines of the vegetable kingdom. The properties of these drugs were known to them by traditions and direct observations. For knowing the qualities and properties of the medicines, a physician is enjoined to penetrate forests and climb mountains to examine them in their natural situations, to gather information regarding them from hunters and shepherds, who may have opportunities of witnessing their effects.

The number of medicines which they obtained from the animal kingdom was also very large. They employed ashes of bones for nervous affections, and the marrow as ointment.

Their materia medica is also rich with metallic and other mineral preparations. "They were the first nation," says Elphinstone, "who used minerals internally."

(To be continued.)

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—Perhaps it would not be altogether out of place to publish in the GAZETTE the following bit of conversation, overheard by the nurse on duty, between a patient and one of his visitors on Sunday afternoon. The latter enquired what the doctors said was the matter with the patient, and he replied: "Well, at first they didn't know—some thought it was rheumatism, and some thought it was gout; but now they've found it out at last, and they all say I've got *Query*."—Yours, &c.,

April 24th, 1889. I. K. Q.

Passim.

The opening of the Summer Session has brought with it a larger number of fresh faces than we have seen for ten years at least. Hearty congratulations to Guy's, and a warm welcome to our confrères! We hope they will all become subscribers to the Gazette, and Members of our various Athletic Clubs.

The new Dental Room which is being built at the back of the Fives Court will be ready in a few weeks. There are already several entries for Dental Practice, and others may be expected. The Dental Prospectus, dealing with all matters relating to this department, will be issued shortly.

In that dim and mysterious passage, which leads by the library door, nineteen handsome and commodious lockers have been fitted up, each supplied with a shelf and two large pegs. There was no lack of applicants for them, so they have all been distributed among the Surgical Ward Clerks and Dressers, who will find them a very great convenience. We hope the last has now been heard of the disappearance of coats and five pound notes from the vicinity of the Surgery.

Among the newly-elected parochial functionaries of St. Thomas's, Southwark, are the names of Mr. Golding-Bird, and Drs. Horrocks, Pitt, and Shaw, as Vestrymen; while the Rev. C. H. Bowden, chaplain of Guy's, has been appointed an Auditor of Accounts. Mr. Millsom is a Churchwarden of the same parish.

Guy's is represented among the Examiners of the London University for the new Academical year by Dr. A. L. Galabin in Obstetric Medicine, Dr. F. Taylor in Materia Medica and Pharmaceutical Chemistry, and Dr. T. Stevenson in Forensic Medicine.

London men should not forget to turn up at the University on Wednesday next, May 15th, in order to cheer their friends, and all other successful candidates. Unfortunately it is a little difficult to get admission now-a-days, since the ladies have usurped the greater part of the front rows, and consequently much increased the demand for tickets.

At the Comitia of the Royal College of Physicians, on May 2nd, twelve members were elected Fellows of the College. The list of names includes P. Horrocks, M.D. Lond., and G. N. Pitt, M.D. Cantab., both of this Hospital.

The Treasurer and Governors have given their sanction to an arrangement by which the National Pension Fund for Sisters and Nurses may in future take the place of the old Superannuation Fund for Sisters and Nurses instituted in 1851. The National Fund, which originated with Mr. Burdett, an old Student of the Hospital, has been munificently endowed by the President, Mr. H. H. Gibbs, by two of the Governors, Mr. J. S. Morgan and Mr. E. A. Hambro, and by Lord Rothschild. The arrangement approved differs from that of the Superannuation Fund, inasmuch as the age at which a pension can now be entered on is 55, instead of 65, as it was by the old rules. The Governors will continue to pay one-half of the premiums required for a pension, which on account of the terminal age being reduced by ten years, are on a slightly higher scale than they were formerly. It is hoped that the new arrangement will prove an inducement to Nurses to remain longer in the service of the Hospital, as the contributions of the Governors must cease on the Nurse's leaving, although she is at liberty at any time to do so, and to withdraw the money she has subscribed to the Fund.

The Hospitals Association has been fortunate enough to receive donations from a few individuals sufficient to cover the cost and one year's maintenance of a system of hand ambulance for the whole of London. It is intended

to place wheeled litters at all the Police Stations, the Stations of the Fire Brigade, Railway Stations and other prominent sites within convenient distances of each other, so as to be ready for use to bring street accidents and urgent cases to the hospitals. The main object is to save the patient as much as possible from delay in having his injuries attended to, and the necessity which now exists of having recourse to Hansom cabs, men's shoulders and other perilous means of conveyance. The scheme originated with Mr. Ryan, the Secretary of St. Mary's Hospital, who is now engaged in collecting together a variety of vehicles, which will be submitted to a committee of experts to decide which is best adapted for the work.

It looks bad that neither the London, King's, Middlesex, nor Westminster Hospitals can find a local Secretary for the British Medical Temperance Association. The object of this Association is "to promote the practice of total abstinence (from what, not stated) in and through the Medical Profession." It already numbers nearly 400 Members and 120 Associates, the former being "abstaining" practitioners, and the latter "abstaining" medical students. Further information can no doubt be obtained from our local Secretary, Mr. H. S. Archdall.

The Photo of the Association Football Team is now on view, and orders should be sent in at once.

Owing to suspicions having been aroused, a *post mortem* was ordered on the body of a lodging-house cat the other day. On opening the abdomen, a distinct spirituous odour diffused itself through the room, which was differently diagnosed by various lodgers as Coleraine Sherry, Martell's Three Star and Port, but which was finally agreed to be of a compound nature. The stomach and large intestines were found to contain amongst other things, the following miscellaneous collection:—part of a cold shoulder of mutton, three oranges, half a pot of marmalade, one pound of best Ceylon, a tin of sardines, ditto bloater paste, three bottles of soda water, and a pawn-ticket referring to a microscope and two sleeve links.

Hospital News.

The following appointments have been made at Guy's:
Mr. N. C. Davies-Colley, Lecturer on Surgery.
Mr. W. H. A. Jacobson, Lecturer on Anatomy.
Mr. C. J. Symonds, Demonstrator of Operatic Surgery,
Messrs. C. J. Symonds and W. A. Lane, Demonstrators of Practical Surgery with Surgical Classes.

Messrs. L. A. Dunn and J. H. Targett, Demonstrators of Anatomy.
Dr. L. E. Shaw, Medical Registrar.
Mr. A. Parkin, Surgical Registrar.
Mr. E. H. Starling, Demonstrator of Biology.

THE DEMONSTRATOR OF BIOLOGY.

In order to render assistance to Mr. F. E. Beddard, the Lecturer on Biology, in the important work which forms the subject of his Class, and to meet the needs of the increasing number of men who attend that Class, Mr. E. H. Starling has been appointed a Demonstrator of Biology. In this capacity he will assist the Lecturer in the practical demonstrations which are given twice a week, and also meet the Class once a week for six weeks preceding each Preliminary Scientific Examination to test their knowledge by questions, &c. In addition the Demonstrator will supervise the preparation of microscopical sections for the use of the Class, and will enlarge our Teaching Museum of Biology from time to time by the addition of dissected specimens at present unrepresented.

GUY'S TRAINED NURSES INSTITUTION

12, St. Thomas's Street, S.E.

Our readers will be interested to hear of the flourishing state of this Institution. It was founded in 1884 with two Nurses, and it now has a staff of forty; of these the majority are on duty, but there are generally three or four remaining in the Home. As the present premises are far too small for the requirements of the Institution, additional accommodation is being provided by the establishment of a Home at Grove Park, Lee. This will secure the advantage of a place of rest and fresh air for Nurses who are over done, or tired after heavy cases. Some idea of the amount of work carried on by the Institution may be gathered from the statement in the Annual Report that there were 368 applications for trained Nurses during the past

year, but it was not then possible to accept more than 347 of them. The balance sheet is also highly satisfactory, the net profits being nearly £200 in excess of previous years.

For ordinary cases of illness the terms are one guinea and a half per week, but for cases of hysteria, mental and nervous affections, fevers, or those requiring operation, the charge is two guineas. The regulations to which those who engage the services of a Nurse are requested to conform, tend to prevent an overtaxation of her health and strength. Hence, when required to sit up at night, a Nurse is allowed to have seven consecutive hours' rest out of the sick room, as well as time for meals and out-door exercise; and the engagement cannot be prolonged for more than two months without special leave. It is surely not too much to ask that those who contribute so essentially to the comfort of a sick member of a family should themselves receive some measure of consideration and attention. But there are some people, though we hope they are very few, who seem to look on a Nurse as a kind of machine which goes, they know not and care not how.

The present Lady Superintendent is Mrs. Wilson, a late Sister of Job's Ward, as the patients call it. Suitable surgical dressings for accidents and operations in the country can be obtained through the Home, and this has been found a very convenient arrangement.

Review.

PRACTICAL ORGANIC CHEMISTRY,

By Samuel Rideal, D.Sc. (London, H. K. Lewis.)

The writing of minor chemical text books, with no particular *raison d'être*, has become such a common pursuit that it has been the fashion of late for reviewers to decry them; small blame to the reviewers. But the present little handbook cannot fairly be said to belong to such a category: it fills, on the contrary, a corner previously unoccupied, and fills it efficiently. Students working for the B.Sc. and Int. M.B. examinations have for some time been in need of a handbook dealing with the organic part of the practical chemistry syllabus, and it is this want that the present work supplies. Every substance which the student is expected to detect at either of the above practical examinations is fully treated. The origin and modes of preparation are first given, and then a very complete list of tests for each substance, the more characteristic reactions being marked by an asterisk. The author very wisely abstains from drawing up tables, but there is a summary of distinctive tests at the end of each group of bodies, and at the end of the book are some hints on the "order of analysis." A feature which will commend itself to medical students is the list, given with each body described, of the preparations in the B.P. which contain it. Several of the tests given are new to English text books, and of these many are valuable; we would instance Saul's thymol test for distinguishing between tannic, gallic, and pyrogallic acids; the thiophen test for uric acid (Denigès), and the guaiacum test for prussic acid (page 52). The carbohydates are fully and well treated, and the account of the organic bases is up to date, cocaine receiving full attention. Here and there we find cases where the method of carrying out a test should have been described in more detail, notably in the case of one's old friend the tartaric acid mirror, which students always find difficult to tackle; but on the whole the descriptions are very clear. There are one or two printer's errors in the names of the pharmacopœia, and, in the formula of citric acid (p. 18), the last figure should be outside the bracket, but otherwise we find a freedom from errata exceptional in first editions. The book is in a handy and cheap form and we commend it to our readers. Price 1/11 nett.

OBSTETRIC NOTES.

The following cases include some of those that were of any interest occurring in the Guy's Lying-in Charity during the last month:—

Case of Funis Presentation.

From Notes of Mr. A. Ellis Durham.

On seeing the case, 3.30 p.m., on March 4th, the os was found to be well dilated, and the membranes bulging into vagina. Nothing could be felt through the membranes but the funis. Palpation pointed to first position of vertex presentation. On the membranes rupturing about 5 p.m. an extensive prolapse of the cord took place. The head could then be made out high up above the brim, and not engaged in the pelvis. The cord could be felt pulsating strongly, shewing the child to be still alive. The woman was placed in the knee-elbow position, and numerous attempts made to replace the cord manually, and these failing, the repositor was used, with no better success. As soon as one portion was reduced another came down, and it was found impossible to get the head to enter the brim sufficiently to prevent the prolapse. As the cord still pulsated, the only thing to be done was to extract the child as quickly as possible. This could be done either by forceps or version. As,

however, the cervix was well dilated, the preference was given to forceps. Mr. Cuff, having put the forceps on, extracted as quickly as he could, it being found impossible to prevent a large mass of cord from descending in front of the child. A female child was delivered, which, after a small amount of artificial respiration, came to life. In the rapid extraction, necessary to save the life of the child, the perineum was ruptured, not, however, involving the sphincter ani, and was at once stitched up with three sutures. Patient's knees were tied together after syringing out the uterus, and she was directed to pass her water in the intervals of extern's visits on her hands and knees. Pil opii ordered to keep bowels confined.

Patient continued to do well, and on the 11th an enema of olive oil (ʒiv.) was given, followed by a soap enema in six hours' time. Several hard motions came away, giving considerable pain, so that patient fainted. On the 12th stitches were removed, the wound being firmly healed.

The most frequent cause of funis prolapse that occurs in head presentations was present here—namely, flattening of the conjugate. This acts by preventing the head engaging properly in the pelvic brim. There was a history in this case of infantile rickets, and the conjugate diameter could be made out to be contracted. The measurement was, however, unfortunately not kept. With regard to the use of the repositor in replacing the cord, Spiegelberg is of opinion that if the manual attempts fail the instrument will be equally useless, and this was certainly the case here. The choice between version and forceps will depend upon the amount of dilatation of the cervix. If this be well dilated, use forceps; if not, then version must be resorted to. As recommended in most text-books, the perineum was sewn up at once, and repaid the trouble. The bowels were left confined too long. They should have been opened about the third day, to avoid the danger of breaking down the wound by hard scybala. This was the third child the woman had had, in the two previous cases the children being stillborn, and in each case there was a history of prolapse of cord.

Case of Uterus Bicornis, with Pregnancy in one Horn. Presentation of Funis and Left Foot.

From Notes by Mr. A. ELLIS DURHAM.

Woman, aged 39, had had two children previously, but none for 14½ years. Her second child had been a breech presentation. The membranes were said to have ruptured at 1 p.m. on the 17th of March. When seen at 7.15 p.m. on the 18th, the os was the size of half-a-crown, and very rigid. The membranes were ruptured. A good deal of prolapsed funis and the left foot were felt presenting; funis pulseless. Palpation of the abdomen, at first, seemed to indicate a transverse position of fœtus. Just above the left iliac fossa was a hard rounded mass, which was taken to be the head. The smooth rounded back was looking forwards, and on the right side, below the ribs, the back ended in a smooth rounded mass, which was thought to be the breech. Attempts were made to pull down the left foot, but were fruitless, owing to the cervix, and especially the internal os, being very rigid, the latter scarcely admitting a finger. At 10.30 chloroform was administered, and, with great difficulty, the left leg was brought down. The right knee could then be felt lying behind the leg brought down, and attempts were made to pull this down, but without avail. The boss in the right iliac fossa was felt to have become higher in the abdomen, and was then found to be too small and sharp for a normal head. The question was then raised of an anencephalous fœtus, and also of a fibroid; but with regard to this latter, no history of menorrhagia or metrorrhagia was obtainable. The cervix remaining rigid, and fears being entertained that further attempts at extraction would lead to rupture of the uterus, Dr. Horrocks was sent for. The question of position of fœtus was then discussed, and Dr. Horrocks considered, from the position and direction of left leg, that the breech must be over to the left, and the head on the right side, beneath the ribs. The lump on the left side was left an open question, but was thought most probably to be a fibroid. With great difficulty the right leg was then brought down, and by 2.30 a.m. the child was extracted, a long while having been spent in getting the head past the rigid os The perforator had not been brought down, and so could not be used; but an attempt was made to perforate the aftercoming head with a pair of scissors, without however much success. After the child was born, the lump in left iliac fossa still remained, but there was no child left in uterus to account for it. Attempts were then made for nearly an hour to express the placenta. As this failed, it was scraped away piecemeal with the finger. Then, on examining the uterus, Dr. Horrocks made out that the mass in the left fossa was the unimpregnated horn of a two-horned uterus, a septum being felt at the upper part. The patient did uninterruptedly well. The cause of difficulty in delivery was the rigidity of the cervix, and especially of the internal os, so that rupture of the uterus during extraction was regarded as a far from improbable event. But the chief interest centred round the mass in the left iliac fossa, which caused the diagnosis for a long while to be very uncertain.

APPOINTMENTS.

DODDS-PRICE, J., M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant Medical Officer to the Fisherton Asylum, Salisbury.

KEIFFENHEIM, L. W., M.B., appointed Assistant House-Surgeon to the Liverpool Infirmary for Children.

POTTS, F. R. H., M.R.C.S. Eng., appointed House-Surgeon to the Wallasey Dispensary, Birkenhead.

CLOWES, W. F. A., M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the Kent and Canterbury Hospital.

LUND, HERBERT, M.B., B.S. Cantab., F.R.C.S. Eng., appointed Honorary Assistant-Surgeon to the Salford Royal Hospital.

Sport.

GUY'S HOSPITAL LAWN TENNIS CLUB.

The following Matches have been arranged for the Season:—

Sat., May 11th, v. King's College, at Wormwood Scrubbs.
Wed., May 22nd, v. L.A.C., at Stamford Bridge.
Sat., June 1st, v. Leigham, at Streatham.
Sat., June 15th, v. Dental Hospital.
Wed., June 19th, v. Norwood, at South Norwood.
Thurs., July 4th, v. Farnley, at Selhurst.

The Inter-Hospital Challenge Cup Competition takes place on Wednesday, Thursday and Friday, the 5th, 6th and 7th of June, at Chiswick Park.

To enable a Cup Team to be chosen a Tournament will commence on Monday, May 13th, consisting of Singles and Doubles, which will be open to Members of all years, as the 4th year limit does not take effect until after 1890.

Any one wishing to become a Member of the Club can do so by paying a Subscription of 5s. to the Hon. Sec. or any of the Committee.

Keys of the Court can be obtained from the Hon. Sec. Price 1s. each.

W. A. HASLAM,
Hon. Sec.

ASSOCIATION.

SECOND ELEVEN.

Captain and Hon. Sec., H. W. Webber. Matches played, 7; won, 1; lost, 4; drawn, 2 (4 games scratched). Goals for 11 against 25. We entered again this year for Junior Surrey Cup, but had to retire in the second round being beaten by the Vampires F.C. by 2 goals to nil. The team has usually been: F. Hazell (goal), W. H. Jewell, H. W. Webber (backs), T. D. Manning, V. Pendred, R. L. Wason (half-backs), W. G. Mumford, R. C. Kirkby (left), S. Croneen (centre), W. K. Steele, A. Jones (right).

CRICKET.

GUY'S v. BECKENHAM.

This, the first of our fixtures, was played at Beckenham on Saturday, May 4th.

We won the toss, and to our opponents surprise they were put in, and dismissed for 67. The brothers Bettington bowled remarkably well. A sharp cut by J. H. Bettington, and a capital catch in the long field by Wilks must be noticed.

Our innings only reached 45, J. H. Bettington alone making any stand. With a balance of 22 runs, Beckenham began their second innings, but owing to the fine bowling of J. H. Bettington, were all out for 31.

With 53 runs to get to win, and an hour in which to obtain them, the game assumed rather an interesting aspect, and thanks again to a good innings of J. H. Bettington who scored 23 (not out), we won 10 minutes before time with 5 wickets to spare. Scores:—

BECKENHAM.

1ST INNINGS.

W. B. Friend, c & b J. H. Bettington	2
R. E. Inglis, b J. B. Bettington	5
W. M. Torrens, b J. H. Bettington	19
J. Robertson, b J. B. Bettington	4
G. J. Gulliver, not out	11
A. M. Inglis, run out	0
P. Northcote, b Layman	5
G. H. Collier, c Steele, b J. H. Bettington	3
F. M. Lee, c Hewetson, b J. B. Bettington	2
F. Christie, c Colclough, b J. B. Bettington	12
R. Caw, l b w J. B. Bettington	0
Extras	4
Total	67

2ND INNINGS. Total 31.

GUY'S.

1ST INNINGS.

W. K. Steele, b Northcote	1
E. Reid, b Robertson	2
F. Colclough, b Northcote	0
J. H. Bettington, b Northcote	14
E. J. Lang, b Northcote	0
J. B. Bettington, run out	0
S. G. Layman, b Northcote	10
J. H. Busteed, b Northcote	6
H. Hewetson, c R. Inglis, b Robertson	5
H. L. E. Wilks, b Robertson	4
E. Morton, not out	0
Extras	3
Total	45

2ND INNINGS.

F. Colclough, b Robertson	5
J. H. Bettington, not out	23
E. J. Lang, c & b Robertson	0
S. G. Layman, b Northcote	3
E. Reid, b Northcote	2
H. L. E. Wilks, b Northcote	6
J. B. Bettington, not out	4
H. Hewetson, J. H. Busteed, and W. K. Steele did not bat.	
Extras	12
Total for 5 Wickets	55

GUY'S v. SURREY COLTS.

This, the second match on the list, was played on Monday, May 6th, at Kennington Oval.

W. J. Scott was again welcomed, and showed some of his old form, both with the bat, and in the field.

Winning the toss we elected to bat, Colclough and Reid, the first pair, carrying the score to 72 before being parted. The total in the end amounting to 151.

On the Colts going in, Milbourn 57, was the only one to make any stand, but he was very leniently treated by Point. J. H. Bettington bowled remarkably well, time after time the ball just missing the wicket, and he was very unlucky. Our fielding was not good, there being considerable slackness, possibly due to the commencement of the season, and throwing at the wicket was indulged in, a practice which is essentially wrong and must be stopped. Their total amounted to 114, which gave us a lead of 37 runs.

On going in a second time our wickets fell fast, W. E. Mitchell having bad luck, through being run out in consequence of a misunderstanding at the boundary. Scores:—

GUY'S HOSPITAL.

1ST INNINGS.

F. Colclough, c Rolls, b Huish	40
E. Reid, b Milburn	36
J. H. Bettington, c Milbourn, b Hughes	9
W. G. Mitchell, b Betts	8
W. J. Scott, b Rolls	16
J. D. Cruikshank, b Betts	1
S. G. Layman, b Rolls	10
J. H. Busteed, l b w Ayres	2
J. B. Bettington, not out	5
H. Hewetson, c Hughes, b Ayres	2
H. L. E. Wilks, b Ayres	0
Extras	22
Total	151

2ND INNINGS.

W. J. Scott, c Ayres, b Betts	11
J. D. Cruikshank, c Ayres, b Betts	0
W. G. Mitchell, run out	11
H. Hewetson, b Huish	0
J. B. Bettington, b Betts	19
F. Colclough, not out	23
E. Reid, b Betts	0
J. H. Busteed, l b w Betts	4
J. H. Bettington, H. L. E. Wilks, and S. G. Layman did not bat.	
Extras	4
Total for 7 wickets	72

SURREY COLTS.

Ayres, b Reid	16
Milbourn, c Busteed, b J. H. Bettington	57
Cripps, b J. H. Bettington	3
Figg, c Colclough, b Layman	5
Matthas, b Layman	0
Hughes, b Layman	0
Weston, b J. H. Bettington	0
Rolls, b J. H. Bettington	3
Betts, b J. H. Bettington	10
Sheer, c Scott, b J. D. Cruickshank	4
Huish, not out	5
Extras	11
Total	114

Marriages.

DODD—THRUPP.—On April 30th, at Hove, Arthur Herbert Dodd, L.R.C.P. Lond., M.R.C.S. Eng., of Brighton, to Edith Frances Thrupp, of Brighton.

TAYLOR—COLES.—On April 25th, at East Budleigh, Arthur S. Taylor, F.R.C.S. Eng., M.B., B.C. Cantab., of Surbiton, to Ada C. Coles, late Sister of Lazarus Ward.

TODD—LANE.—On April 25th, at Kensington, Henry Bansall Todd, M.R.C.S., L.R.C.P., of Cheltenham, to Miss Arbuthnot Lane.

We have also received cake and compliments from Mr. and Mrs. Brabant, and from Mr. and Mrs. Sigismund Brown, Paramatta, N.S.W.

Advertisements.

LECTURES on PATHOLOGICAL ANATOMY

BY

SAMUEL WILKS, M.D., F.R.S.,

Consulting Physician to, and formerly Lecturer on Medicine and Pathology at, Guy's Hospital, and the late

WALTER MOXON, M.D., F.R.C.P.,

Physician to, and some time Lecturer on Pathology at, Guy's Hospital.

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The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Guy's Hospital Gazette,

MAY 25, 1889.

INTERESTING INSPECTIONS.

By kind permission of Drs. Taylor and Goodhart.

Cæcal Intussusception.

History.—Elsie; six months old. The illness began with sickness one evening. The next morning the bowels were open, but the sickness continued. On the third day she passed a black motion and some blood-stained mucus. No tumour to be felt. The bowels were open several times on the fourth and fifth days, but there was no blood. The vomit consisted of brownish material. The abdomen became much distended, and the child rapidly sank.

Autopsy.—On opening the abdomen the coils of small intestine were found much distended, while the descending colon was very contracted and empty. No peritonitis or rupture of bowel. The cæcum was situated deeply in the right loin, close up beneath the liver. It had a long mesentery and appendix. There was an invagination of the head of the cæcum into the ascending colon, forming a tumour an inch and a half long. The apex of the intussusception was formed by the caput cæcum, and not by the ileo-cæcal valve. The termination of the ileum was dragged in just far enough to be firmly grasped, but not otherwise affected. On laying open the bowel, the mucous membrane was found very congested but not ulcerated. All the other organs were healthy.

The appearances suggested that the invagination of the caput cæcum, like the proverbial polypus, was the starting point of the intussusception, which therefore belongs to the colic variety. Why this had occurred was not clear. The situation of the tumour so deeply in the loin, behind the distended intestine, is worthy of note.

Old Infantile Paralysis.

A man, aged 45, was admitted for severe bronchitis. He was extremely ill, with marked cyanosis and weak pulse, and much collapsed. He died a few hours later.

Autopsy.—The left lower extremity showed the effects of infantile paralysis. The knee was bent, the thigh flexed at the hip and abducted, and the foot was in the position of severe talipes equino-varus. There was a chronic ulcer on the leg, and the anterior muscles of the thigh were much wasted; the whole limb was much shorter than its fellow. The left knee showed well-marked osteoarthritis. Other limbs normal.

Sections of the lumbar portion of the spinal cord showed wasting of the left anterior horn and extreme degeneration of the motor cells. The psoas and iliacus on the paralysed side were remarkably altered. They looked like masses of fat, and were in striking contrast to the well-developed muscles on the opposite side. On careful examination a few healthy muscular fibres were found in the fatty tissue which represented the bulk of the muscles. The sartorius was similarly affected.

The kidneys were very white, and finely granular on the surface; weight 11 ozs. On section the cortex could hardly be distinguished from the medulla by its colour, and showed much yellow mottling in places. Under the microscope an immense amount of widely-

diffused interstitial change was found. In some parts the tubules were much compressed and atrophied; in others they were filled with casts. Many of the glomeruli were entirely fibroid.

There was a good deal of bronchitis, and œdema of the lungs, and the left side of the heart was greatly hypertrophied, weighing 21 oz.

Cancer of Œsophagus—Perforation of the Coronary Artery.

History.—John ——, aged 63, was admitted for dysphagia of three months' duration. He suffered from winter cough, with pain in the epigastrium, and had wasted considerably. He gradually sank, and on the day of his death he spat up three drams of blood; this was followed by nearly three hours continuous diarrhœa, which rapidly proved fatal.

Autopsy.—There was an epithelioma of the lower end of the œsophagus, three inches in length, and involving the whole circumference of the passage. The central portion of the growth was ulcerated, but both upper and lower margins were raised and everted; the latter formed a prominent ring just within the stomach. In one spot the ulceration had spread deeply, and led into a sloughy cavity situated between the left lobe of the liver, the cardiac end of the stomach, and the diaphragm. This cavity was filled with clot, and a small opening was found in the coronary artery which ran along the wall of the space. This was the source of the hæmorrhage.

The stomach was full of blood, 26 oz. by measure; and the intestines were blood-stained all the way down to the anus.

Lungs very œdematous, and kidneys early granular. Microscopic examination of portions of the growth, taken from its upper and lower ends, failed to show any difference in the character of the epithelial cells, although the lower margin distinctly involved the stomach.

AN INTRODUCTORY LECTURE ON PATHOLOGY.

By James F. Goodhart, M.D.

On this, the first meeting for our summer course in pathology, I am obliged and am wont to ask your attention first of all to the manner in which I propose to treat the subject. At the most, there can only be twelve lectures—often not more than ten—an amount of time into which it is obviously impossible to compress the whole subject. One is, therefore, compelled to treat of general pathological processes, of repair, inflammation, hypertrophy, atrophy, new growth, tuberculosis, syphilis, degeneration, &c., or to take some special branch, whether it be, shall we say the disease of one or more organs, or pathological chemistry, or bacteriology, and so on.

It is a favourite plan with many to discourse on what I have spoken of as, what is usually called, General Pathology, and there is the more reason for this, in that it allows of a fairly comprehensive survey of the more important subjects comprised in it; and a survey, moreover, which it is impossible to give in other courses of lectures, or other than disjointedly in the casual work of the post-mortem room, and in the same way the diseases of special organs do receive a full consideration both in the general lectures on medicine and surgery, and still more so from the daily autopsies and demonstrations in the dead-house.

Perhaps after this you will be surprised to hear that I, nevertheless, do not adopt it. But I do not because, according to my view of the student needs, it is difficult to interest him in what may be called abstract questions. He will listen to a lecture on inflammation of the lung, of the liver, of the kidney, because the subject comes home to him in a familiar way, and fits in with his daily hospital experience. But to inflammation in general he is very likely to turn his deaf ear, or his blind eye; and necessary as the subject thus treated is, I am inclined to agree with him, that it is better read up, or taught by experiment, and pondered over than lectured upon. Lectures must in some degree be graphic; have an element that cannot be got as well from books: be original, that is, more or less, in matter or in their method. If not, an hour's lecture is ill spent, for twice as much can be read in an hour as can be heard by lecture, and the student is a dainty feeder, a bit of an epicure, he will not take his food unless it is well dressed, nor does he generally care to go further than he can see. Thus all the deeply interesting questions wrapped up in such a theme as inflammation:—the iniation of the process; the relative importance of blood and tissue in the results; the diapedesis; its decline and fall; its persistence into chronic thickenings; its relation to hypertrophy, to atrophy, to new growth; the differences and homologies between inflammation in animal and vegetable tissues; its relation to foreign organisms; the struggle betweet extrinsic and intrinsic forces—all these

and many other problems must come, as I hope they will come, to you at a later date, and *ab intra*; and the lecturer may well hope that for this mental focus—this physiological reaction, almost this inflammation for some brains—his lecture may be the pulex irritans or microbe.

True then to this idea of trying to attract the interest of those who come here it seems best to take some organ or organs—the brain and spinal cord last year—the kidney and liver this year—and while dealing with the local disease, take such opportunities as offer themselves for introducing those larger questions of general pathology which first, I think, awaken any lively thought by shewing themselves in their association with local diseases which we think we know something of, and which are thus indeed for us their most crystal expression. But in thus pinning you down to one or two organs, there is a definite risk that your notions of the range of pathology should become circumscribed by your knowledge of morbid anatomy: that pathology is indeed equivalent to morbid anatomy—whereas indeed it is very much otherwise—and in consequence the time will not be wasted to day if I call your attention to some of the lines of thought and investigation which any properly comprehensive study of pathology introduce you to, and your first introduction shall be by way of the London County Council and a leading article in the *Times*—neither of them directions to which your thoughts have hitherto inclined to learn a lesson in pathology. Yet here is one. The question discussed is the treatment of Insanity; the proposition before the Council was the establishment of an *Hospital* for this purpose. Possibly the lesson comes home to me more directly because it is in absolute agreement with what I have long thought, and also with what I have advocated in former years. If you want to cure insanity, or from the point of view of these lectures, if you want to get at its causes that you may be able to treat it, you must do away with the halo of prejudice that surrounds the term *Asylum* and replace it by the sunlight and beneficence and warmth and love that concentrates and focuses on *Hospital*—and it is not a mere question of a name. There is much in a name indeed when the memories of a dreadful Past come in it spectre-like to blend with the enlightened Present. But that is little to the depriving a man of his freedom, the difficulties of getting into an Asylum, the stigma that is supposed to rest on a family so circumstanced, and above all the question of remuneration which enters largely into the being of all private establishments—all these things tend to obscure the—I believe spotless—reputation of the present Medical Management of Lunatics, and hinder in no small degree the observation and the treatment of disease.

I don't agree that in asylums "there is little opportunity and less encouragement for the scientific study of the material causes and condition of mental derangement." The tendency is in that direction, because the details of management of large asylums must absorb much of the energy that should be spent upon the problems of disease; but no one who knows anything of the work done at the West Riding Asylum, and at Bethlem of late years under Dr. Savage and his coadjutors, and other places, can fail to recognise that the difficulties of the situation have been, at any rate in some asylums, very successfully met. But this is a digression,—to return. Mr. Brudenell Carter pointed out, in his speech in support of his resolution, that the diseases which primarily produce disturbance of movement, and the diseases which primarily produce disturbance of sensation, have of late years been studied with exceedingly beneficial results, especially in the direction of enabling physicians to discover the precise locality, as well as oftentimes the nature of the morbid process; and these diseases are beginning to be amenable to treatment in ways and to an extent which no one, even a very short time ago, would have ventured to anticipate. On the other hand, we learn from the same authority that our knowledge of the essential nature of insanity, of the causes which foster and produce it, of the means by which, no doubt, it could often be prevented, and of those by which it might sometimes be cured, is scarcely greater now than it was a hundred years ago. Two explanations are possible of this remarkable difference of result. It might be said that insanity, being a disease of the mind, is immaterial in its essence, and therefore not amenable to scientific study, which deals, and can deal, only with matter and its conditions. This is in substance the assumption which, rather implicitly than explicitly, and with many reservations and exceptions, has hitherto governed the treatment of the insane in asylums. We have regarded insanity as an inscrutable infliction to be alleviated by every means that humanity could suggest, rather than as a disease to be treated, and, if possible, to be cured, by every method that science can discover or devise. If the assumption is sound, the asylum system is unimpeachable. But there is still an alternative explanation. How if we have failed to advance in the treatment of insanity, as we have advanced in the treatment of other affections of the brain, because we have practically refused to regard insanity as an affection of the brain?

This is my special point to-day. To mental operations one goes instinctively to demonstrate the truth of the lessons I want to inculcate, that the study of pathology is far and away wider than morbid anatomy. And just as we have no structural physiological changes to show for the preparation of this lecture, or of your attention to it, save perhaps in crematorial ash as excess of urates or phosphates in the urine, so, morbid psychology has, as yet, no physical change that can be identified. and we are compelled to speak of it as functional disease.

Now, I quite agree with the article I quote, that "Without entering upon the psychological or metaphysical speculation, we may assume that, from a medical point of view, insanity is the manifestation or effect of disease of the brain. There may be affection without insanity, but there can be no insanity without affection of the brain. At present those affections of the brain which do not produce insanity, but which only

disturb or pervert the functions of movement and sensation, tumours, apoplexies, or a disease associated with a morbid anatomy, are regarded as ordinary forms of disease, and are treated as such, not in asylums but in hospitals. On the other hand, those affections of the brain which, as disturbing and perverting the mental functions and the processes of thought, are regarded as forms of insanity are treated as such in asylums. If the asylum treatment were as intelligent and as scientific as the hospital treatment, there is no antecedent reason why the results of the two systems, as regards the cure and prevention of the several forms of disease, should not be substantially identical."

But this does not state the whole case, or the difficulties of the question, because there seems to me to underlie the assumption that mental aberrations have some morbid anatomy, could we but observe close enough. I don't say that it may not be so, but I do say that in discussing the question you cannot do so with any thoroughness without entering to some extent upon "psychological or metaphysical speculation." And if I state my own belief in this matter, it seems to me more truly physiological, so to speak, to look in other directions than morbid anatomy for a mental pathology, than to waste time upon lines of investigation which are only too likely to yield negative results.

Allow that all mental processes are dependent upon physical changes of some sort, and I readily allow it for it must be true. Does it follow from that, that in the future, with the still more advanced means of precision to which we shall certainly attain, we shall be able to read the thought of our fellow as it flashes, or dog its track in the dead man's brain? Can you believe that any means of precision will enable us to tell how often a muscular fibre has contracted in, say the hour before it has come under investigation? And can you believe that any amount of anatomical observation will even lay bare all the separate records that exist locked up in one square inch of a man's intellect? It may and no doubt will tell in the future the rough geography of mental life, but to suppose that it will ever unlock the details of separate thought is surely an idle dream, because it is not built on any sound physiological basis. At least I think not. And why? It is in answering this question that metaphysical speculation will often step in, and the ground is shifted from matter to *mind*. But it is quite possible to argue the question from a material standpoint, and this I intend to do.

(To be continued.)

APPOINTMENTS.

ROBERTS, REGINALD J., appointed Surgeon to the Lowestoft Friendly Societies' Medical Institute.

HALSTEAD, GEORGE E., M.D., B.S., B.Sc., B.A. Lond., M.R.C.S., L.R.C.P., of Albion Hill House, Ramsgate, appointed Honorary Surgeon to the Ramsgate and St. Laurence Royal Dispensary.

TUBERCLE BACILLI IN FRESH SECTIONS.

The question is often put, What is the most rapid method of testing for tubercle bacilli in fresh sections? Sputum and fluids are easily examined, but how can we find them in fresh tissues removed from the post mortem room or the operating theatre? Any reader who will kindly inform us of a rapid and easily applied method will receive our sincerest thanks. In the meantime, the following plan may be detailed, as it has proved successful:—

Cut the fresh tissue with a Cathcart's microtome, and float the sections out with water. Choose the thinnest and raise it on a lifter, allowing it just to overlap the margin in order to prevent its slipping off. Arrange three watch-glasses in order; the first containing equal parts of methylated spirit and water, the second pure methylated spirit, and the third absolute alcohol. Dip the lifter into the first watch-glass, and hold it there for a few moments; then into the second, then into the third. *Keep the section on the lifter the whole time*, which will make it harden quite flat. Now pass the section into some warm fuchsin solution, where of course it will float out flat on the top. After five minutes pass into methylated spirit to which three or four drops of nitric acid have been added. This will soon discolorise it. Wash in the watch-glass of pure methylated spirit, and then give it a contrast stain with methyl blue; pass through methylated spirit once more, then through oil of cloves, and finally mount in balsam.

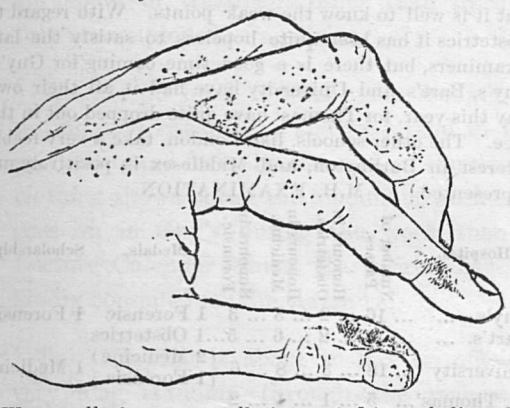
We must apologise for giving such commonplace details at length, when really the only point of the method is the rapid hardening, and keeping the section flat at the same time. It should also be stated that it takes much less time than this long description would suggest. In fact, it can be easily completed in twenty minutes; and if two or three specimens are examined, the time is proportionately shorter. The acid spirit is better for decolorising than the ordinary sulphuric solution (Neelsen's), as it does not wrinkle the section.

It will be readily conceded that anything like slipshod work in bacteriology must be worse

than useless, and this criticism may no doubt be applied to the above remarks. But there are occasions on which we are glad to examine a tissue at once, and the plan mentioned has worked well. In addition, the histological structure of the specimen can be made out, though of course not so clearly as in the ordinary methods. Will some of our readers repeat the process and give us their experience, or suggest improvements?

ERUPTION CAUSED BY THE IRRITATION OF CARBOLIC ACID LOTION.

By ARTHUR S. WOHLMANN.



We are all of us personally interested in carbolic acid. Our hands are constantly wet with it, either in the form of lotion or of the spray, and they have to get acclimatized.

As is well known, prolonged exposure of the hands to dilute carbolic acid, more expecially in the form of the spray, is followed by a feeling of numbness and cold, which may sometimes last for hours.

After repeated exposures, the skin becomes rough and tends to desquamate. In consequence of this the fingers always look "grubby," an appearance which repeated washings fail to remove.

Generally the hands soon get acclimatized; but sometimes matters progress another stage, and the condition is reached to which I would draw your attention.

On the soft skin at the sides of the fingers, where they touch each other, three or four brown or blackish specks appear, looking like small scales stuck on accidentally to the skin.

They do not wash off, however, and next day there appear a hundred or more, most closely set on the sides of the fingers, but sometimes spreading on to the dorsum. They may also appear on the nails.

The rash may disappear almost as suddenly as it came, or a few spots may linger for awhile, especially on the nails.

Each spot appears to be a small scale of dried up epithelium stained of a black or deep copper colour, which has an almost metallic lustre.

Doubtless some of your readers have met with this condition, and can give some explanation of it.

OBSTETRIC NOTES.

The following cases include some of those that were of any interest occurring in the Guy's Lying-in Charity during the past months:—

Case of Placenta Prævia. Forceps Extraction.

From Notes by Mr. F. G. SWAYNE.

Woman, aged 24; fifth confinement. On first seeing the case, March 5th, at 5 a.m., the woman was found lying in a pool of blood and clots, the night dress being soaked with blood up to the axillæ. Trickling was still going on from the vagina, P. small 104, T. 98·4, R. 24; woman very anæmic and shivering; complaining of nausea and faintness; no pains; os undilated. She was expecting labour at the end of the month. Cold applied to vulva and abdomen; and vagina syringed with cold water. At 7 15 the Junior Charity, who had been sent for, arrived. On examination, os was about size of twoshilling piece; just within margin of os could be felt the edge of placenta, just reaching, but not overlapping, the os. The vagina was plugged with strips of lint soaked in carbolic oil, and she was watched till 11 a.m. She vomited once, and passed three or four motions. Plugs were then changed, and patient removed to hospital. At 8 p.m. chloroform was given, and the os, which had remained of same size, was dilated with Galabin's bags; the membranes were ruptured, and the long forceps applied by the Senior Charity, with the result that the woman was delivered of a living female child. There was some difficulty in extraction, for after dilatation of cervix, the placenta overlapped the os a short distance, rendering the application of forceps a little difficult, and also interfering somewhat with the passage of the head. Mother and child did well afterwards. Forceps were used in this case, as giving a better chance to the child in case it were alive.

Placenta Prævia. Presentation of Foot.

From Notes by Mr. J. FAWCETT.

Woman, aged 25; fifth confinement. The patient was seven months gone with child. The Extern was called to case on March 25th, 6.15 a.m. There had been slight hæmorrhage, with some clots, 14 days before. Hæmorrhage again at 6 a.m. on 25th; had lost over a pint of blood. The membranes were said to have ruptured on Thursday, the 21st. On abdominal palpation child was felt to be lying obliquely across abdomen; a hard mass, taken to be the head, in right iliac fossa; body looking forward and breech on left side of abdomen. On vaginal examination the os was soft and about size of a shilling, and the interior of uterus, just above cervix,

felt very rough and granular in anterior part as if it might have given attachment to placenta. Placenta, however, could not be reached. The presentation could only just be reached as it was very high up, and was taken to be an elbow. On pressing the head down from the fossa, this too could just be felt. Bleeding was very slight after 6 a.m. Vagina was plugged. At 11 a.m. chloroform was administered. Examination then shewed that what was taken to be an elbow was the heel of a foot, both legs being fully extended on the body. The placenta too could be felt overlapping the os about three-quarters of an inch. Version was then performed, the presenting foot being brought down, and the child was then extracted without much difficulty. Firm pressure being kept on uterus during extraction, the placenta was expressed almost immediately after birth of child. No hæmorrhage of note took place. Version was performed here, as the child, being seven months only, was not likely to survive, even if born alive; also, as the cervix was not dilated up beyond a two-shilling piece, and as the placenta overlapped the os to a considerable extent. In a few cases, as in the previous one, where the placenta does not overlap very much, and where there is a chance of the child being born alive, there is some advantage in dilating up the cervix with hydrostatic dilators and extracting with forceps, there being a greater risk to the child in version. In the majority of cases, however, it will be found necessary to turn. This case shews, too, the liability there is to abnormal presentations in cases of placenta prævia; the placenta occupying the lower segment of the uterus prevents the head from entering the pelvis.

An abnormal presentation was shewn by another case of placenta prævia, that occurred at the commencement of a previous month, where the fœtus presented by its shoulder. A living child was delivered after version had been performed. In all these cases the placenta had separated from around the os for some distance. When this has not taken place, it is recommended by Dr. Galabin to insert the two terminal phalanges of the index finger, and separate the placenta for this distance all round, from its attachment to the uterus.

LONDON UNIVERSITY.

The presentation passed off merrily at Burlington on Wednesday, May 15th, Guy's being fairly well represented in the various sections, except that of M.D., in which only one of our four men had the courage to don the gown and hood. Dr. Wilks always says we are too modest. The proceedings were considerably shortened by arranging that "Graduates who had obtained Scholarships, Medals and Prizes, should, as soon as presented for their Diplomas, be again presented for every such distinction." This is certainly an improvement. One gentleman fairly brought down the house when presented for his B.A. diploma. He hails from the Brighton Grammar School, and rejoices in the name of William Waterloo Wellington Rolleston Napoleon Buonaparte Guelph Saunders, which excited much cheering and jeering. Next on the list in the matter of hearty applause was that curious anomaly, a lady medallist, Mary Louisa Worley, of Girton, who graduated Mistress (Queen would be better) of Arts, and took the Gold Medal in Classics. Another lady gained the honourable distinction of being the first Doctor of Medicine in the Varsity Calendar—Mrs. Scharlieb, of the Women's School of Medicine. We subjoin an abstract of the Passes and Honours gained by the various Hospitals, which shows one or two important points.

Though second on the list in the M.B. as regards number of passes, we haven't anything like our proper proportion of Honours in Medicine or Forensic. As a set off against this, however, we are *facile princeps* in Surgery; so there is nothing whatever to grumble at. But it is well to know the weak points. With regard to Obstetrics it has been quite hopeless to satisfy the late Examiners, but there is a good time coming for Guy's. Guy's, Bart's. and University have had it all their own way this year, for Thomas' have quite dropped out in the race. The other schools, like London, take a very feeble interest in Burlington, and Middlesex is positively unrepresented.

M.B. EXAMINATION.

Hospital.	Number of Passes.	Honours in Obstetrics.	Honours in Medicine.	Honours in Forensic.	Medals.	Scholarships.
Guy's	16	2	3	3	1 Forensic	1 Forensic
Bart's.	13	2	6	5	1 Obstetrics	
University	18	3	8	6	2 Medicine, 1 Forensic	1 Medicine
St. Thomas'	5	1	1	2		
London	3	1	0	1		
St. Mary's	3	0	1	0		
St. George's	1	0	0	3		
King's	3	0	1	1		
Charing Cross	1	0	0	0		
Owens	4	1	1	2		

B.S. EXAMINATION.

Hospital.	No. of Passes.	Honours in Surgery.	Medals.	Scholarships.
Guy's	11	4	1	0
Bart's.	2	1	0	0
University	1	1	1	1
St. Thomas'	1	0	0	0
Owens	4	2	0	0

M.D. EXAMINATION.

Hospital.	No. of Passes.	Medals.
Guy's	4	0
Bart's.	11	0
University	13	1
London	3	0
St. Thomas'	2	0
St. Mary's	1	0
St. George's	1	0
King's	1	0
Charing Cross	1	0

M.S. EXAMINATION.

Hospital.	No. of Passes.	Medals.
Guy's	2	1
King's	1	0

Passim.

We understand that Dr. Hale White's "Text Book of General Therapeutics" is nearly ready for publication. It is intended to supplement the ordinary works on Therapeutics, and will give a full description of the treatment of disease by climate, diet, baths, electricity, massage, hypnotism, Oertel's method for the treatment of cardiac disease, venæsection, the Weir Mitchell method, the suspension method for chronic nervous disease, and in fact will describe all modes of treatment, other than by drugs, that are employed in medicine.

We are all hard at work again reading, and testing, and cricketing; and we intend to be in good all-round form by the end of the Session. Nothing shows better the amount of work which goes on in Guy's during the week than the Lecture Calendar which Mr. Morley has very kindly compiled for the Gazette.

The Hospital is about to lose an official of very long standing through the resignation, after 55 years faithful service, of Miss Marsh, the linen storekeeper to the Institution. Miss Marsh can claim a close connection with the Medical School, her uncle, "old John Goldstone," having filled the office of Janitor for a long period until his death, at a patriarchal age, some twenty-five years ago. The Governors, in consideration of Miss Marsh's high character and valued services, have granted her "full pay" as a retiring pension.

The fine spring weather favours work at the new College buildings, and things are progressing merrily. The public rooms, such as the dining hall and smoking room, will undoubtedly be completed by October next, but the upper floors will probably take longer. We are inclined to envy the Warden. His rooms will look into the Hospital grounds, and they really form a very delightful prospect when the plane trees are in foliage; better than one could have dreamed by knowing them only from within. The average Student's room will only have a near vista of warehouse architecture; but then, the average Guy's man will not want to look out of window much.

A direct acting Hydraulic Lift for the use of the Medical Wards has been ordered by the Treasurer. A facetious youth who had just come from Dr. Savage's lectures, on hearing this, remarked that we should soon be passing into the "stage of exaltation."

Our annual "Locum" Season is now on. Qualified gentlemen who wish to fill in vacant dates should leave their names and addresses with Mr. Wells in the Medical Office.

Candidates are reminded that by the recent regulations they must send in their schedules five weeks before the commencement of the Intermediate M.B. Lond. examination, which takes place on Monday, July 8th.

We congratulate Messrs. Pollock, Salter, and Rake on their success at the First Fellowship Examination. We hope there will be a long list of M.B.s and Final Fellows in our next issue.

Visitors of the Academy who are of an anatomical turn of mind are invited to inspect No. 300, and report on the condition of the left shoulder of the right hand figure. All lovers of art are strongly recommended not to miss No. 1277 in the Water Colour Room, a delightful pastel by Miss Mary Drew, a sister of our late House-Surgeon, and the present Medical Officer of the Croydon Infirmary.

Some of the lady graduates at the London University Presentation had arranged that their dresses should match their hoods, and with

good effect. They seemed much in doubt whether they ought or ought not to uncover their heads at the moment of presentation to the Chancellor of the University. Probably there is no rule on the subject, but we think that women who have so far left the stern paths of custom might add to their virtues by adopting the male mode of reverence due to the dignity and grace of their Chancellor. And many did.

Mr. L. A. DUNN has been appointed a Secretary of the London University Dining Club, vacant by the resignation of Mr. H. G. Howse. When it is generally known that the object of this Club is the cultivation of a taste for marrow-bones and whist, and of course good-fellowship, there will be no lack of Guy's graduates ready to join it next term.

Hospital News.

FORTHCOMING EVENTS.

May 25. Applications received for H.P. and H.S.
,, 27. First of three lectures on Hernia at the College of Surgeons by C. B. Lockwood, Esq., F.R.C.S.
June 2. Last day for obtaining Schedules for the Second Conjoint Examination.
,, 3. First of three Lectures on Intracranial Suppuration at the College of Surgeons, by A. E. Barker, Esq., F.R.C.S.
,, 4. First and Second M.B. Cambridge Examinations begin.
Examination for Sands Cox Scholarship in Physiology.
,, 5. List closes for H.P. and H.S.
,, 12. Examinations for the Treasurer's Gold Medals.

THE STAFF OF THE DENTAL SCHOOL.

DENTAL SURGEON.
F. Newland-Pedley, F.R.C.S., L.D.S.E.
SENIOR ASSISTANT DENTAL SURGEON.
W. A. Maggs, L.R.C.P., M.R.C.S., L.D.S.E.
ASSISTANT DENTAL SURGEONS.
J. Mansbridge, L.D.S.E.
H. Murray, L.D.S.E.
H. L. Pillin, L.D.S.E.
G. O. Richards, M.B.C.S., L.D.S.E.
R. W. Rouw, L.R.C.P., M.R.C.S., L.D.S.E.
ANÆSTHETISTS.
J. F. Silk, M.D. F. W. Cock, M.D.
LECTURERS.
Dental Surgery.—Mr. Newland-Pedley.
Dental Anatomy and Physiology.—Mr. Maggs.
Dental Mechanics.—Mr. Richards.
Metallurgy.—C. E. Groves, F.R.S.
Anæsthetics.—T. Bird, M.A., Oxon., M.R.C.S.
DEMONSTRATOR.
Dental Microscopy.—Mr. Mansbridge.
TUTOR.—Mr. Rouw.
DEAN.—Dr. Perry.

CLINICAL APPOINTMENTS.

The new Appointment List for June contains the following names :—

Obstetric Residents.—Messrs. A. T. Brown (June); T. Wilson-Smith (July); J. P. Pendlebury (August).

Surgeons' Dressers.—Messrs. F. G. Swayne, C. J. Girling (Mr. Durham); J. Fawcett, C. Spurrell (Mr. Howse); A. E. Durham (Mr. Davies-Colley); S. W. McIlwaine (Mr. Lucas).

Clinical Assistants.—Messrs. R. G. Pollock, W. J. Scott, N. L. Richards, G. H. S. Daniell, H. J. Holman, F. W. Hall.

Dressers in the Eye Wards.—Messrs. A. D. Fripp, C. Price-Jones (Mr. Higgens) (July); J. Robertson, A. E. Norburn (Mr. Brailey) (July).

Post Mortem Clerks.—Messrs. W. E. S. Cobb, E. J. D. Mitchell (June and July).

Throat Department.—Mr. G. Black.

Aural Surgeon's Dressers.—Messrs. J. S. Richards, F. G. Saffery (July and August).

Obstetric Out-Patient Clerks.—Mr. Lumley (1st half), C. M. Kitching, J. S. Richards (2nd half).

Assistant Physicians' Clerks.—Messrs. G. Purnell (Dr. White); C. G. Roberts, H. W. John (Dr. Pitt); J. Young, J. H. Bryant (Dr. Wooldridge).

Obstetric Ward Clerks.—J. Cruickshank, E. M. Dobinson, A. E. Tebb.

Medical Ward Clerks.—Messrs. G. S. Howes, A. A. Grosvenor, H. W. Webber, E. G. March, A. S. Wohlmann, H. Hodgson, T. G. Stevens, W. Carling.

Assistant Surgeons' Dressers.—Messrs. G. W. A. Featherstone, A. H. Meadows, G. H. Knapp, E. M. Pilcher (Mr. Golding-Bird); F. A. Osborn, D. W. Samways, B. W. Hogarth, F. H. Brown (Mr. Jacobson); E. Cornish, W. A. Higgs, H. S. Archdall (Mr. Symonds); D. F. Roberts, E. H. Baldock, D. S. Long (Mr. Lane).

Dressers in the Surgery.—Messrs. A. T. Jago, J. J. Browne, H. L. E. Wilks, A. E. Norris, H. K. Rayson, W. H. Dixon, W. G. Rogers, A. T. White, E. W. Wheatcroft, E. J. Lang, J. E. Coulson, H. E. Durham.

Surgical Ward Clerks.—Messrs. E. E. Bensley, H. A. Bryant, S. J. Roberts, V. H. Barr, C. E. Pollock.

Assistant Surgeons' Clerks.—Messrs. F. A. Robinson, D. S. Long (Thursday).

LECTURE CALENDAR.

MONDAY.

Mr. Groves	10 to 1 ...	Practical Chemistry	Chemical Laboratory
Mr. Symonds ...	10.0 ...	Practical Surgery	Surgical Class Room
Dr. Wooldridge ...	10.30 ...	Physiology Class for July Examination ...	Long Room
" " ...	11·30 ...	" " " " ...	Lower Laboratory
Mr. Turner	11.30 ...	Hygiene	Chemical Theatre
Messrs. Poland & Dunn	11.30 ...	Extra Anatomical Classes	
Dr. Washbourn ...	12.30 ...	Extra Anatomical Classes	
Mr. Beddard... ...	1.30 ...	Comp. Anatomy Practical Class (Pre. Sci.) ...	Long Room
Dr. Hale White ...	2.0 ...	Therapeutics	Anatomical Theatre
Mr. Reinold	2.30 ...	Physics (1st Year's Men)	Chemical Theatre
Mr. Beddard... ...	3.30 ...	Comp. Anat. Lecture	Anatomical Theatre
Mr. Collier	3.30 ...	Pharmacy Class	Dispensary
Mr. Jacobson ...	4.0 ...	Class for Final Conjoint Examination ...	Surgical Class Room

TUESDAY.

Dr. Galabin	9.0 ...	Midwifery	Anatomical Theatre
Dr. Horrocks ..	10.0 ...	Practical Obstetrics	Long Room
Mr. Dunn	10.0 ...	Osteology Class	Dissecting Room Theatre
Mr. Groves	10.30 ...	Chemistry	Chemical Theatre
Dr. Wooldridge ...	10.45 ...	M B. Class	Lower Phys. Laboratory
Dr. Savage	11.0 ...	Insanity	Anatomical Theatre
Mr. Poland	11.0 ...	Anatomy (2nd College Class)	Dissecting Room
" "	12.0 ...	M.B. Anatomy Class	" "
Mr. Groves	12.15 ...	Chemistry Class for Pre. Sci.	Anatomical Theatre
Dr. Hale White ...	2.0 ...	Materia Medica	" "
Mr. Collier	3.0 ...	Pharmacy Class	Dispensary
Mr. Symonds ...	3.45 ...	Class for Final Conjoint Examination ...	Surgical Class Room
Mr. Jacobson ...	4.0 ...	Operative Surgery	Dissecting Room Theatre

WEDNESDAY.

Dr. Galabin	9.0 ...	Midwifery	Anatomical Theatre
Mr. Groves	10 to 1 ...	Practical Chemistry	Chemical Laboratory
Mr. Lane	10.0 ...	Morbid Histology...	Long Room
Mr. Poland	11.0 ...	Anatomy (2nd College Class)	Dissecting Room
Mr. Reinold	12.0 ...	Physics (Pre. Sci. Men)	Surgical Class Room
Dr. Perry	1.30 ...	Clinical Medicine	Anatomical Theatre
Mr. Symonds ...	2.30 ...	Practical Surgery Class	Surgical Class Room
Mr. Groves	2.30 ...	M.B. Class Chemistry	Chemical Theatre
Mr. Collier	3.0 ...	Pharmacy Class	Dispensary

THURSDAY.

Dr. Galabin	9.0 ...	Midwifery	Anatomical Theatre
Mr. Lane	10.0 ...	Morbid Histology...	Long Room
Mr. Groves	10.30 ...	Chemistry	Chemical Theatre
Mr. Poland	11.0 ...	Anatomy (2nd College Class)	Dissecting Room
" "	12 0 ...	M.B. Anatomy Class	" "
Dr. Shaw	12.0 ...	Practical Medicine	Surgical Class Room
Mr. Dunn	12.0 ...	Osteology Class	Dissecting Room Theatre
Dr. Hale White ...	2.0 ...	Materia Medica	Anatomical Theatre
Dr. Wooldridge ...	3.0 ...	M.B. Class in Physics	Physical Laboratory
Mr. Collier	3.0 ...	Pharmacy Class	Dispensary
Mr. Jacobson ...	4.0 ...	Class for Final Conjoint Examination ...	Surgical Class Room

FRIDAY.

Dr. Galabin	9.0 ...	Midwifery	Anatomical Theatre
Mr. Groves	10 to 1 ...	Practical Chemistry	Chemical Laboratory
Dr. Wooldridge ...	10.30 ...	Physiology Class for July Examination ...	Long Room
Dr. Savage	10.30 ...	Insanity	Anatomical Theatre
Mr. Turner	11.30 ...	Hygiene	Chemical Theatre
Dr. Shaw	12.0 ...	Class in Practical Medicine	Surgical Class Room
Mr. Poland	12.0 ...	Anatomy (2nd College Class)	Dissecting Room
Mr. Beddard... ...	1.30 ...	Comp. Anatomy, Practical Class (Pre. Sci.) ...	Long Room
Mr. Golding-Bird ...	1.30 ...	Clinical Surgery	Anatomical Theatre
Mr. Groves	2.30 ...	M.B. Chemistry Class	" "
Mr. Collier	3.0 ...	Pharmacy Class	Dispensary
Mr. Beddard... ...	3.30 ...	Comp. Anat. Lecture	Anatomical Theatre
Mr. Jacobson ...	4.0 ...	Operative Surgery	Dissecting Room Theatre

SATURDAY.

Dr. Goodhart ...	9.0 ...	Pathology	Anatomical Theatre
Dr. Wooldridge ...	9.30 ...	Physiology Class M.B. (Honours)	Lower Phys. Laboratory
Mr. Collier	9.30 ...	Pharmacy Class	Dispensary
Mr. Groves	10.30 ...	Chemistry	Chemical Theatre
Messrs. Poland & Dunn	10.0 and ...	Extra Anatomical Classes	
and Dr. Washbourn	11.30 ...		
Mr. Jacobson ...	4.0 ...	Operative Surgery	Dissecting Room Theatre

NOTICES.

CHARLES MURCHISON SCHOLARSHIP IN CLINICAL MEDICINE.

The next Examination for this Scholarship will be held in the University of Edinburgh, on Thursday and Friday, the 18th and 19th of July, 1889.

The Scholarship is open to any Student of Medicine who, during a period of not less than four, nor more than six, years, has been a registered Medical Student in attendance at Classes or Hospitals, in Edinburgh or London, recognised by the Medical Faculty of the University of Edinburgh, or by the Royal College of Physicians of London, and whether holding a Medical qualification or not.

The Scholarship is of the value of Twenty Guineas, and is tenable for one year.

The Examination will be conducted both orally and in writing, and the following subjects are included:—

Examination of Patients in the Royal Infirmary.

Writing of Commentaries on the Cases of the Patients.

Written Examination in the Court Room, University. The Questions to embrace Pathology and Therapeutics.

Examination on Specimens.

Intending Candidates are required to send in their names, with evidence of their qualifications to compete, to the Dean of the Faculty of Medicine, University New Buildings, Edinburgh, not later than the 13th of July.

Sport.

CRICKET.

GUY'S HOSPITAL v. CRYSTAL PALACE.

Played on Saturday, May 11th, and lost by our men chiefly on account of bad fielding. Our total reached 69. E. Reid, 18, being top scorer. Scores: -

GUY'S HOSPITAL.

1ST INNINGS.

E. Reid, b Cosens	18
W. K. Steele, c H. Aste, b Cosens	0
J. H. Bettington, b F. W. Aste	1
W. G. Mitchell, c Kallendar, b Cousens	7
J. B. Bettington, b F. W. Aste	5
C. R. Lucas, c Noakes, b F. W. Aste	1
H. Austen Smith, b C. J. M. Fox	3
S. G. Layman, b Cosens	3
F. M. Russell, hit wicket, b C. J. M. Fox	5
J. H. Busteed, b Cosens	14
T. H. B. Yorath, not out	10
Extras	2
Total	69

2ND INNINGS.

E. Reid, b J. Noakes	10
W. K. Steele, c Leete, b J. Noakes	2
J. H. Bettington, c Leete, b Kallendar	14
W. G. Mitchell, c R. R. Stevens, b Kallendar	12
J. B. Bettington, run out	10
C. R. Lucas, c Case, b Stevens	11
H. Austen Smith, not out	4
F. M. Russell, J. H. Busteed, T. H. B. Yorath, S. G. Layman, did not bat.	
Extras	5
Total	68

CRYSTAL PALACE.

F. W. Aste, b J. B. Bettington	0
F. W. Janson, c Reid, b J. H. Bettington	44
A. Case, c Layman, b J. H. Bettington	10
C. J. M. Fox, b Reid	4
J. Noakes, c Layman, b J. H. Bettington	8
H. Aste, b W. G. Mitchell	1
A. Leete, c Busteed, b J. H. Bettington	4
G. Cosens, c Reid, b C. R. Lucas	8
E. Stevens, c W. K. Steele, b J. H. Bettington	0
A. Kallendar, c Russell, b C. R. Lucas	17
R. R. Stevens, not out	4
Extras	11
Total	111

GUY'S HOSPITAL v. NORWOOD.

Played at Norwood on Saturday, May 18th, and won by Guy's on the first innings by 105 runs. J. H. Busteed, 34 (not out), played a good and patient innings, going in at the fall of the fourth wicket and carrying out his bat. J. B. Bettington, 20, was well set, when he fell to a very sharp c & b; and W. G. Mitchell showed some of his old form in compiling his 19. J. H. Bettington did a fine performance with the ball, taking 5 wickets at a cost of only 7 runs; and a splendid catch at short slip by C. R. Lucas must be noticed. Scores:—

GUY'S HOSPITAL.

G. W. Featherstone, c Barber, b Yeoman	35
W. K. Steele, l-b-w, b Elborough	5
J. H. Bettington, l-b-w, b Elborough	0
W. G. Mitchell, l-b-w, b Elborough	19
J. B. Bettington, c & b Yeoman	20
J. H. Busteed, not out	34
C. R. Lucas, c Wilson, b Elborough	5
E. J. Lang, b Yeoman	2
S. G. Layman, b Gibson	11
T. H. Yorath, b Leeds	1
H. Hewetson, run out	3
Extras	13
Total	148

NORWOOD.

1ST INNINGS.

H. W. C. Bedford, b J. H. Bettington	3
J. Yeoman, b J. B. Bettington	1
T. S. Gibson, b J. H. Bettington	8
W. C. Elborough, c & b J. H. Bettington	0
W. P. Neall, c Yorath, b J. B. Bettington	1
L. Goodwin, run out	1
H. W. Wilson, c Lucas, b J. B. Bettington	2
F. W. Wiltshire, b J. H. Bettington	20
C. E. Leeds, c Lang, b J. B. Bettington	1
S. Ellis, c Busteed, b J. H. Bettington	3
P. S. Barter, not out	0
Extras	3
Total	43

2ND INNINGS.

H. W. Wilson, run out	0
L. Goodwin, run out	2
T. S. Gibson, c Lucas, b Layman	20
J. Yeoman, b Lucas	1
C. E. Leeds, c J. H. Bettington, b Lucas	0
W. C. Elborough, not out	20
F. W. Wiltshire, c Busteed, b Lucas	7
H. W. C. Bedford, S. Ellis, W. P. Neall, P. S. Barber, did not bat.	
Extras	5
Total	55

GUY'S 2ND ELEVEN v. CHRIST'S COLLEGE 2ND.

Played at Finchley on May 18th, and resulted in a victory for us by 49 runs. Tuck played an excellent innings, which included several boundary hits, and Wason and Mumford were also useful. Tuck's bowling (4 wickets for no runs) was very destructive. Scores:—

GUY'S HOSPITAL.

J. J. Biggs, c Langhorne, b Lane	12
W. H. Jewell, b Lane	9
E. S. Tuck, b Giblett	36
W. G. Mumford, b Conolly	14
F. S. Cresswell, b Giblett	6
F. G. Philps, b Giblett	0
R. L. Wason, not out	14
T. G. Stevens, run out	0
D. Rice, b Giblett	1
H. W. Webber, run out	5
J. W. Culmer, b Giblett	7
Extras	4
	108

CHRIST'S COLLEGE.

J. M. Giblett, c Biggs, b Mumford	27
J. A. Stewart, b Philps	0
J. Lane, b Briggs	2
J. Langhorne, b Culmer	11
B. C. O'Dowda, b Tuck	7
J. H. Villiers, c Tuck, b Culmer	0
R. H. Gahagan, c & b Tuck	0
C. E. Liddell, c Cresswell, b Tuck	1
A. Williams, b Tuck	0
J. H. Bates, run out	1
R. H. Conolly, not out	0
Extras	10
	59

UNITED HOSPITALS' CRICKET CLUB.

SEASON 1889.

PRESIDENT:—Sir Andrew Clark, Bart., M.D. VICE-PRESIDENTS:—P. S. Abraham, Esq., M.D.; A. Andrew, Esq., M.D.; Marcus Beck, Esq., F.R.C.S.; A. E. Durham, Esq., F.R.C.S.; T. Gilbart Smith, Esq., M.D.; J. Harley, Esq., M.D.; E. J. Lane, Esq., F.R.C.S.; J. H. Morgan, Esq., F.R.C.S.; W. Rose, Esq., F.R.C.S.; T. T. Whipham, Esq., M.D. HON. TREASURER:—Charles T. Standring, Esq., King's College Hospital. HON. SECRETARY:—W. F. Umney, Esq., St. Thomas's Hospital.

The following are the draws for the first round of the Challenge Cup Ties:—King's v. Charing Cross, Tuesday, May 21st; St. Mary's v. St. Bart's., Thursday, May 23rd; Westminster v. St. Thomas's, Friday, May 24th; Guy's v. St. George's, Thursday, May 30th; Middlesex v. London, Friday, May 31st; University (a bye).

The following Matches have been arranged:—United Hospitals C.C. v. Bickley Park, at Bickley, May 17th, Manager, Mr. H. P. Job (University); v. Richmond, at Richmond, May 28th, Manager, W. C. Hichens (London); v. Beckenham, at Beckenham, June 10th, Manager, Mr. F. Colclough (Guy's); v. Crystal Palace, at Crystal Palace, June 28th, Manager, Mr. W. F. Umney (St. Thomas's); v. Hampstead, at Hampstead, July 2nd, Manager, Mr. F. J. Dixon (St. Bart's.); v. Blackheath, at Blackheath, July 11th, Manager, Mr. A. W. Allen (Charing Cross). The Cup Matches will be played at Chiswick Park Cricket Ground.

GUY'S HOSPITAL LAWN TENNIS CLUB.

At the General Meeting held on Thursday, May 9th inst., the following were elected as Officers of the Club:—

PRESIDENT—W. A. Lane, Esq., M.S., F.R.C.S.
HON. TREASURER—G. Sichel.
CAPTAIN—W. E. Sturges-Jones.
VICE-CAPTAIN—C. R. Colley.
HON. SEC.—W. A. Haslam.

COMMITTEE—

V. Pendred (1st year)	H. G. Biddle (4th year)
W. C. C. Park "	W. E. S. Cobb "
H. Wellford (2nd year)	A. T. Brown (5th year)
C. G. Roberts (3rd year)	H. J. Holman "
A. G. Buchanan "	C. D. H. Ralph "

INTER-HOSPITAL CUP MATCHES.

The dates of these have been altered from June 5th, 6th and 7th to June 17th, 18th and 19th, on account of a Cricket Cup Tie coming on one of the former dates.

GUY'S HOSPITAL v. KING'S COLLEGE.

Played at Wormwood Scrubbs on Saturday, May 11th. As the ground was so wet the match was played on cement courts. The rain, which had threatened all the morning, came on just as play commenced, and after the second round the match had to be left unfinished. King's College won by 2 events to 2, 5 sets to 5, 50 games to 45.

DOUBLES,—First round.

A. Browning and W. H. Virgoe (K.C.) beat W. A. Haslam and J. J. Biggs (G.H.) (6—1, 6—4).

Second Round.

A. L. Allworth and G. F. Birdwood (G.H.) beat T. Warner and F. A. Stephens (K.C.) (6—4, 3—6, 6—1).

Third Round.

V. Pendred and A. V. Chapman (G.H.) beat W. R. Smith and W. R. Bowen (K.C.) (6—5, 6—5).

SINGLES—First Round.

A. Browning (K.C.) beat W. A. Haslam (G.H.) (6—1, 3—6, 8—6).

Second Round.

A. L. Allworth (G.H.) v. W. H. Virgoe (K.C.), not played.

Third Round.

G. F. Birdwood (G.H.) v. A. N. Other (K.C.), not played.

GUY'S HOSPITAL v. L.A.C.

The above match was played at Stamford Bridge on Wednesday, May 22nd. The Hospital was beaten in a very hollow fashion. Biddle in the Singles, and Sturges-Jones and Colley in the Doubles, were the only ones to make any stand against such a good team.

DOUBLES.

F. St. B. Haskett-Smith and H. C. Yockney (L.A.C.) beat H. G. Biddle and A. L. Allworth (G.H.) (6—0, 6—4).

S. L. Bathurst and A. K. Cronin (L.A.C.) beat W. E. Sturges-Jones and C. R. Colley (G.H.) (9—7, 6—1).

C. L. O'Malley and C. G. Day (L.A.C.) beat W. A. Haslam and G. Birdwood (G.H.) (6—3, 6—0).

SINGLES.

H. G. Biddle (G.H.) beat F. St. B. Haskett-Smith (L.A.C.) (6—4, 6—4).

H. C. Yockney (L.A.C.) beat C. R. Colley (G.H.) (6—2, 6—2).

S. L. Bathurst (L.A.C.) beat W. E. Sturges-Jones (G.H.) (6—2, 6—3).

A. K. Cronin (L.A.C.) beat A. L. Allworth (G.H.) (6—2, 6—1).

C. G. Day (L.A.C.) beat W. A. Haslam (G.H.) (6—0, 6—0).

C. L. O'Malley (L.A.C.) beat G. F. Birdwood (G.H.) (6—1, 6—1).

L.A.C. won by 8 rubbers to 1, 16 sets to 2, 104 games to 41.

GUY'S ROWING CLUB.

The annual general meeting was held on Tuesday, May 21—Mr. N. Davies-Colley, M.C., F.R.C.S., President, in the chair. The minutes of the previous meeting having been read, and a report of the proceedings of the club during last season having been given by the captain the business of electing new officers was entered upon. The following gentlemen were elected:—*President*—Mr. Davies-Colley. *Captain*—H. E. Durham. *Hon. Secretary*—A. Ellis Durham. *Treasurer*—E. M. Pilcher. *Committee*—H. Cooper, J. J. Biggs, 1st year; F. C. Swayne, A. Sheen, 2nd year; A. Allport, S. Infield, W. Winslow, N. Instone, senior years.

PROGRAMME FOR ENSUING SEASON.

It is proposed to row some "scratch fours" early in June—due notice of date to be posted in the Colonnade. The Committee also wish to remind members that there are valuable challenge prizes for pair oars and sculls to be rowed for this season, of which also due notice will be posted.

A crew will be entered for the Inter-Hospital Challenge Cup as in the two previous years. The following crew is at present in practice:—Bow, A. Ellis Durham; 2, H. Cooper; 3, H. E. Durham; stroke, E. M. Pilcher; cox, ———. It will be noticed by the blank following the word cox that there is a vacancy for an eligible young medical of light weight. After the publication of this we hope to have numerous offers; it would certainly be a blot upon the *esprit de corps* of the Hospital if this year's crew were prevented from rowing owing to the want of a cox.

Marriages.

CLAY—HARRIS.—On the 30th ult., Challoner Clay, M.R.C.S., L.S.A., of Fovant, Salisbury, to Annie Kinnard Harris, of Bromley.

EWEN—CLEMENTS.—On the 7th inst., Harry Walter Ewen, M.R.C.S.E., of Redhill, to Emily Jane Clements, of Woodside, Redhill.

Advertisements.

SUPERIOR Partial Board and Residence.—Mrs. Latham, Park Villa, Byne Road, Sydenham, S.E., would be pleased to receive into her home two Students for the above. Her house is situated in one of the most pleasant and most convenient parts of Sydenham, being within five minutes' walk of Sydenham Station, L.B. & S.C. Ry., and within three minutes of Penge Station, L.C. & D. Ry. Terms—£1 1s. per week.

LECTURES on PATHOLOGICAL ANATOMY

BY

SAMUEL WILKS, M.D., F.R.S.,

Consulting Physician to, and formerly Lecturer on Medicine and Pathology at, Guy's Hospital, and the late

WALTER MOXON, M.D., F.R.C.P.,

Physician to, and some time Lecturer on Pathology at, Guy's Hospital.

Third Edition, thoroughly Revised by

SAMUEL WILKS, M.D., LL.D., F.R.S.,

8vo. Price 13s. 6d.

Guy's Hospital Gazette,
JUNE 8, 1889.

With the deepest sorrow and regret we have to record the sudden death of Dr. LEONARD CHARLES WOOLDRIDGE, Assistant Physician to Guy's Hospital, which occurred on Thursday, June 6th. We desire to express our sincerest sympathy with Mrs. Wooldridge in her bereavement.

NOTES OF A CLINICAL LECTURE ON ADDISON'S DISEASE.

By Dr. Taylor.

During the first three months of this year we had two cases of Addison's disease in Clinical; one, a girl 17 years of age, under Dr. Taylor, and the other, a policeman, æt. 49, under Dr. Goodhart. The man was a well-marked case, and was present at one or two meetings of the Physical Society.

History.—Girl, æt. 17; said that twelve months ago she noticed *weakness* and *debility*, and soon after *palpitation*. Six months ago, *nausea*. Has *vomited* once. There is a family tendency to pigmentation.

Condition on admission.—Axillæ and areolæ round nipple not particularly dark. Thighs and legs not pigmented. Back, abdomen and lower part of thorax most pigmented. Exposed parts not particularly pigmented. Black rings round her eyes. Black spots on abdomen. Menstruated four weeks before admission, this being the first time since August, 1888.

Symptoms.—The prominent features of the disease are (1) marked general debility with feeble pulse, (2) vomiting, (3) discolouration of the skin. In more detail the following may be noted:—

1. *Peculiar cachexia*, sets in gradually without obvious cause.

a. Increasing muscular debility.

b. Disinclination for mental or bodily work.

c. Later, extreme prostration.

d. Aspect of weariness and depression.

e. Marked anæmia.

f. Slight wasting. This is not always present, there being at times a tendency to fat-formation.

g. Circulatory system weak and fails to work properly. Heart's action feeble. Pulse soft and weak. Tendency to *giddiness* and *faintness*. *Palpitation* on exertion. *Breathlessness*.

2. *Discolouration of Skin.*—So-called *bronzed* appearance. The hue varies and becomes darker by degrees. It resembles often the dark brown pigmentation of a mulatto (half-bred), or it may be chocolate-brown, yellowish-brown, or greenish-brown. It is *not an essential* symptom; it appears at very variable periods, and is often comparatively late. It extends all over the body, is never uniform throughout, *commencing* and most marked over—

a. Exposed parts—face, neck, &c.

b. Those naturally dark—*e.g.*, median line from umbilicus to pubes, areolæ of nipple, axillæ.

c. Those subjected to pressure, injury or irritation—*e.g.*, where garters, waistbands and collars press; where scars are present from injury; where blisters or plaisters have been. Deep scars are colourless, but round them there is much pigment.

3. *Discolouration of mucous membranes.*—Pigmentation of mouth especially; lips close to the skin margin; sides of the tongue where bad or carious teeth press; inside of cheeks; gums.

4. Appetite lost. Pain in epigastrium. Irritation of stomach with *nausea*, retching or *vomiting*. *Constipation* is the rule, but obstinate diarrhœa sometimes present.

5. Pain in loins. Hypochondria tender. Rigidity of abdominal muscles.

Course and Prognosis.—Subject to remarkable remissions noticeable from day to day. Slow and chronic as a rule; exceptionally it is rapid and acute, or it may be latent and then rapid. Illness prevents them from continuing their work. They last from 1 to 6 or 7 years, and die from gradual asthenia, towards the close there being frequent sighing, yawning and persistent hiccup.

Treatment.—Highly nutritious diet. Tonics, especially quinine, iron, strychnine and ol. morrhuæ. Maintain alimentary canal in good order. Rest. Avoidance of bodily and mental excitement.

Diagnosis.—The following may be or have been confounded with Addison's disease:—

1. *Leucoderma.*

2. *Phthisis*, darkening of skin in. In favour of Addison—absence of any organic disease.

3. *Exposure to sun*—pigmentation—may produce vesication. Ulcers cause pigmentation of skin.

4. *Phthiriasis* (vagabond's disease), due to pediculi. Intense irritation of the whole body. Old and recent evidence of scratch marks. Face is not covered by clothes and not the seat of scratch marks.

5. *Hebra's Prurigo.*—Morbid condition of sensory nerves of the skin.

6. *Arsenic* causes pigmentation. Dr. Taylor noticed this first when treating Psoriasis. Dark red patches appeared, changing to dark brown. He, at that time, thought them due to continued congestion. In cases of chorea, after large doses of arsenic you may see dirty, dusky patches of skin about the body.

7. *Chloasma* in females, seen about the forehead just below the hair and continued on to the temples. Variation with menstrual functions.

8. *Pityriasis versicolor*—dirty yellowish-brown discolouration of the skin due to a fungus. Affects parts covered up. Put scrapings under a high power of a microscope and mycelium threads with patches of spores may be seen.

Ætiology.—Exciting causes.—Injury—mental nervous shock and over-exertion have all been said to be. Greenhow says it is frequently due to extension of inflammation from diseased or injured parts.

Predisposing causes.—More frequent among males than females. Found chiefly in those employed in active manual labour, especially if exposed to bodily injury from accident or over-exertion. Confined chiefly to laborious periods of life.

Pathology.—It is undoubtedly due to disease in, or about, supra-renal capsules.

Tubercular disease of the supra-renal capsules is the *sole* cause (Drs. Wilks and Greenhow). The tubercle bacillus has been found. Cancerous destruction of the supra-renals is not accompanied by symptoms of Addison.

McMunn has worked with the spectroscope on this subject and has put forth the following theory, viz.:—The function of the S. R. C. is to separate certain pigments and useless proteids from the blood. When the S.R.C. are diseased they become inactive and the proteids and pigments in the blood cause respectively the general illness of the patient and pigmentation of the skin.

It is not clear how this explanation can be reconciled with the fact that cancerous destruction produces no symptoms of Addison. Mere destruction of their tissues and abolition of their functions (whatever they may be) does not, as a rule, produce Addison's disease; but symptoms of Addison were pronounced in a case in which the capsule and gland were atrophied without any evidence of tubercle.

The supra-renals have a large supply of nerves and these are intimately connected with the solar plexus, vagus and phrenic. You may get some chronic, subacute or acute inflammation of the structures around producing fibrous thicken-

ing and implicating the nerves, which are at first irritated and then atrophied and destroyed. Moderate pigmentation of the skin has been noticed in some cases of lymphadenoma in which the retroperitoneal glands surrounded and compressed the solar plexus, the supra-renals being healthy.

AN INTRODUCTORY LECTURE ON PATHOLOGY.

By JAMES F. GOODHART, M.D.

(Continued.)

Intellectual operations are for a certain set of nerve cells, what sensory impressions are for another set, and motion for another; what muscular action is to muscles; bile or glycogen to the liver; the urine to the kidney, and so on. Mental operations are the secretion, so to speak, or the discharge of those nerve cells, and as a matter of fact, when one talks of the liver, kidney, and so on, as organs of which the diseases have been elucidated of late years almost up to completeness—in any one of them the gross morbid appearances are so conspicuous that they have in a measure dulled our perception of the fact that they can show many disturbances of much more subtle form of which we know next to nothing. In other words alas! we are asking for the brain an equivalent of knowledge such as we have of the diseases of other organs, we are in reality requiring of it more than we already know of those other organs, while as yet they are much more open to inspection. You can analyse the urine, and the bile, the heart and milk and so on, yet what do you really know of the why or the wherefore of the organ that habitually excretes uric acid, or phosphates, or that is habitually indolent, and even a long course of years passes urine of low specific gravity to put the questions together, what do you even know of the process of secretion at all? You can recognise the secreting cell, you can recognise the excreted product, but you have no conception of what lies between the power and the realisation. What do we know about gall stones or cholesterine? You will soon find out when you get into practical work, that though you may know all about their constitution, something possibly about the physical subtilties that centre round crystallisation, although you may be an accomplished histologist and physiologist, this blank step meets you, you have not a conception of how or why they form, and this is the point: there are a hundred abnormalities of functions of the liver, the kidney, and so on, which constitute *their* insanity, which are the true equivalent of *mental* disease which we never bother our heads about, resting satisfied with certain results which, falling short of it, are anything but the disease. Possibly if the brain had secreted a something that it had been possible to analyse we should have made the same mistake, but as a thought is not tangible, as a sensation is *incarnate*, and yet devoid of substance, as nervous energy of all kinds is as yet obdurate to physical research, and inasmuch as nervous action is the crown of all the essences of life, so the real state of things in the brain is properly appreciated and the gap that exists equally in the other organs is seen here in its completeness; and curiously enough, being recognised we then turn round and say because we knew so much more about the diseases of other organs, which, I maintain, we don't from the truest standpoint. Therefore, mental pathology has stood still these 100 years, but the investigation of mental diseases must yield a similar result to that elsewhere, or in other words give up to us a morbid anatomy.

To expect such a thing is, as I have said, unphysiological. Now why? Because in doing so we don't expect, or ask to see, the physical or molecular changes wrought by natural nervous action in the physical play of a healthy brain. It is only when the mind becomes diseased that then we expect to see some mote, or infer that it is there if we could but see it. But is this so? Are the conditions of the development of the mind such as to justify such a supposition. Of course there cannot be any dispute that insanity may be and is produced by demonstrable disease. It is obvious that a disease of the vessels may so destroy or interfere with the nutrition of the cortical layers of the brain as to produce insanity; a tumour here or there, or again isolated disease of vessels, may so destroy an important tract that certain posts or co-ordinating stations are disorganized, and thus certain sets of ideas which should work in association become separated and estranged. But this does not interfere with my main contention that a large part of insanity, by its extravagancies, its imbecilities, its general lackingness of that harmony of proportion which is the main characteristic of mental health, can be explained by and in the direct outcome of the application of the principle of evolution. Ideation, nervous energy if you like to take it, and other forms in one general term, is unquestionably the product of cerebral exercise, and in proportion as the brain is used rightly so it will *grow*; and that growth, how and what it shall be, is determined within the sphere of the law of correlation. That is to say, if all parts be used healthily, none too much and none too little, so the brain developes naturally. If one part is used more than another so that part becomes hypertrophied, its products using more than their share of the gross result, and other parts proportionally dwindle and become dominated by the exuberance of the stronger area. And in hypertrophic development, in exuberances of ideation, such as this, we see one side of insanity; in atrophic and rudimentary dwindlings we see another. This is the special point; one can follow and study the course of some forms of insanity, as a simple method of restitution of the mental processes, along faulty lines or by faulty methods; and I believe it is to be best studied, perhaps only studied, first by careful observation and reflection upon one's own mental processes, as the only material at our disposal

for the purpose which allows of any degree of thoroughness of observation.

Having obtained some experience in this way, we should then, I suppose, watch as far as might be possible the methods of thought, the mode of action of other healthy minds, and do the same with the writings and reasonings of those who have gone by. Equipped with the information thus obtained, we should be in a position to trace the deviations of the unsound mind: to say this case is due to faulty education, that to making the exclusions along limited lines; another to special cultivation of the emotional centres if there are such; or possibly to the habituation of the nervous elements to an emotional rhythm, and so on; but observe that all this is the direct outcome of mental physiology, and mental physiology is largely a subjective study, but it is able to show cause for a belief in the evolution of the most complex brain from the most rudimentary one by exercise; by gradual growth in proportion to that exercise; and ultimately by differentiation of special centres. And it is easy to see that if this is possible and is able to lead to the elaborations of the finest minds, so there must be many which are less fine and less elaborate, even to imbecility, from conditions of all sorts too numerous to think out now. On the other hand there must be many minds that come to grief for want of proper education; there must be many whose nascent power for higher intellectual growth has never been stimulated into vitality, and has in consequence ceased to exist, and whose nervous energy has gone, may be, on lines of pure animation, even to exhaustion, and thus insanity. There must be many more who, with a taste for special work, a taste for special investigations, by the cultivation of a particular idea, or set of ideas, work an otherwise good brain so continually along special lines, that it becomes a machine which runs away with its master, and the intellect is upset, and so on.

The old saying that every man should have a hobby outside his work is the axiomatic expression, I take it, of this risk, and how to avoid it. I must not pursue this subject further now. I have accomplished my special purpose if in saying this much I have shown you that in mental disease, at any rate, there is much pathology that you can at present only handle by a deep study of cerebral *functions*. And I might have enforced the argument, had I had time, by a similar appeal to the vagaries of mental actions, which from the necessities of social life we are compelled to call the criminal mind, and never think of as lunacy, or at any rate, as a most speaking borderland between health and disease.

(To be continued.)

LA REYRONIE, a French surgeon of the 17th century, was holding forth in unmeasured terms one day to a group of courtiers awaiting an audience of Louis XIV., against any innovations tending to combine the two sciences. "In my opinion, there ought to be an unsurmountable wall between medicine and surgery." "Pray," said Daquesseau, "and on which side of the wall would you place the patient."

DR. OWEN REES.

By DR. SAMUEL WILKS.

It is with deep regret that we announce the death of Dr. George Owen Rees, F.R.S., Consulting Physician of Guy's Hospital, who through a long life-time held a distinguished position in the profession, both as a physician and a pioneer in medical chemistry. The following account, though written many years ago when Dr. Rees retired from the acting staff of the hospital, will give a good idea of his life's work:—"On Wednesday, February 26th, 1873, our Senior Physician, Dr. Owen Rees, bade us farewell; he delivered his last lecture, and then took final leave of the hospital, which had been for so many years the scene of his professional labours. Without attempting anything like a biographical sketch, we may be permitted to allude to the eminent position which Dr. Rees has taken in the ranks of scientific medicine. The Guy's Hospital Reports contain the pedestal on which rests the monument to his fame; his career can be acurately traced in his essays, which, moreover, faithfully reflect the general progress of microscopical and chemical research in Europe. Forty years ago, it must be remembered, Animal Chemistry was in its infancy, and Dr. Rees was one of its first cultivators. The first edition of his 'Analysis of the Blood and Urine' appeared in 1836, some fifteen years after Prout's famous work, and to it we are indebted for many of those methods of testing urine now in common use in the wards—and which we are too apt to forget were not obtained without much labour by those who preceded us. In the very first volume of the Guy's Hospital Reports (1836), we find Dr. Rees hard at work with his great master, Dr. Bright, elucidating the chemistry of the fluids in that disease which will for ever be associated with their names. Whilst Dr. Bright was observing more especially the clinical features of the cases, Dr. Rees was analysing the blood, urine, and other secretions. When students

speak of the composition of these fluids in albuminuria, they will be pleased to be reminded to whom they are indebted for their knowledge. In another important paper he was the first to show that copaiba and some other substances excreted by the kidney might cause a fallacy in the tests for albumen. He also described, in conjunction with Dr. Bright, the presence of fat in the stools of patients suffering from pancreatic diseases, a fact forestalling the later physiological discovery of the emulsionising properties of pancreatic juice. Having worked so long with Bright, it may be rightly conjectured that the two physicians were constantly associated in consulting private practice, and that upon the death of his old friend, the mantle of Bright fell upon Owen Rees. Subsequently he carried his investigations into the domain of calculous affections, and soon became the leading authority. Various articles in 'Todd's Encyclopædia of Anatomy and Physiology' were from his pen, and he obtained the F.R.S. for original investigations into the nature of the corpuscles of the blood, demonstrating more especially their flattened shape. Nor must we forget his lectures at the College of Physicians on 'Frequent Micturition' and kindred subjects; and as for many other and numerous papers, are they not written in the chronicles of the hospital?

"In the hospital it were needless to declare what every one so well knows—how Dr. Rees is beloved by students and officials, and how delightful it has been to watch his good-natured smile or hear his hearty laugh; nor need we add how much his gay manner and genial voice will be missed from amongst us. He has, however, no amiable weakness for wrong-doing—no one can use bitterer invectives in denouncing a mean and dishonest act. We might add that no officer of the hospital ever fulfilled his duties with more assiduity and punctuality—two qualities to be reckoned amongst the virtues of a teacher."

METROPOLITAN HOSPITAL SUNDAY FUND.

Offertories for this fund will be collected in the Hospital Chapel on "Hospital Sunday" (June 23rd), as in the corresponding Sunday of last year.

We have heard it said that this offertory is "unique in character," and there is, doubtless, a very general impression that Guy's stands almost alone in this matter. The following table will tend to show that this is by no means the case:—

	Contribution in 1886	1887	1888
S. Bartholomew's...	—	£10 8 1	£14 17 0
Guy's	—	—	9 10 5
London	27 12 0	11 15 0	18 5 4
Brompton Consumption Hosp. ...	9 0 0	7 7 0	10 10 0
Victoria Park ...	3 6 3	4 3 11	2 2 6
Lock Hosp., Harrow Rd.	51 6 6	46 16 11	39 2 4
Magdalen, Streatham	—	23 7 8	27 10 0
Seamen's, Greenwich	1 14 9	3 9 7	4 17 4
National Hosp. for the Paralysed,&c., Queen Sq. ...	8 10 0	3 12 6	7 1 0

Other Hospitals contribute, but this list is sufficient to show that Guy's is certainly not ahead of the times.

There seems to us to be strong reason why contributions should be sent from every Hospital Chapel in London. To say nothing of the many workers in the place who will have no other opportunity of contributing to the fund on a "Hospital Sunday" since they do not attend any other place of worship, there must be some at least of the in-patients who would wish on that day to express their gratitude to the London Hospital system, but whose individual contributions would be too small to be sent direct to the Mansion House. Patients from the country can have the fund brought to their notice in no other way.

We hear that the Chaplain has not as yet been able to secure a special preacher for the morning service on June 23rd, but that the evening preacher will be the Rev. R. H. Baynes, Chaplain to the Archbishop of Canterbury.

VOLUNTEER MEDICAL STAFF CORPS.

The Prizes of this Corps were distributed by H.R.H. the Princess Louise, at the Guildhall, on Saturday, June 1st, the Lord Mayor presiding. Her Royal Highness was received by a guard of honor formed by the members of the Corps.

Lance-Corpl. C. E. Pollock, of the Guy's Detachment, gained the Adjutants prize for being the most efficient member of No. 2 Company.

The Annual Ball will take place at the Westminster Town Hall, on Wednesday, June 26th, 1889.

The Annual Inspection of the Corps will take place at Chelsea Barracks, on Saturday, July 6th, 1889, at 4.30 p.m.

THE DENTAL SCHOOL.

The issue of the Prospectus of the Guy's Hospital Dental School marks an important era in the development of dental education, and is a step towards the systematic treatment of a very painful and wide-spread class of disease. From the time the broad basis was accepted that Dental Surgery is an integral part of the healing art, and does not need a special Hospital either for its teaching or practice, it was resolved to form a Dental School at Guy's as an extension of the existing special department. Thenceforth two main objects have been kept in view by those who have organized the new section: to give all necessary facilities for the treatment of dental cases, and to offer the best education to Students under the most favorable conditions. One must remember that hitherto Dental Students have never had an opportunity in London of completing their studies under the roof of one Hospital, but have been obliged to resort to a Special and also a General Hospital, which they attend contemporaneously. This difficulty has been overcome, and an obstacle to obtaining a Medical qualification in addition to the L.D.S. is thus removed.

The work begins daily at 9 A.M., and terminates at 3, and a daily attendance of dental officers is secured by the appointment of a Dental Surgeon, six Assistant Dental Surgeons, Anæsthetists, and Dental House Surgeons. There are two Extraction rooms, one of which is a "gas" room. The Anæsthetist of the day attends at 10 a.m. Extraction cases are only admitted between the hours of 9 and 10.30 a.m., and, after that time, the Extraction rooms are closed.

The "Conservation" room, in which are performed all the operations of Dental Surgery excepting extractions, is built at a distance from the Extraction rooms. It has the great advantage of having been specially constructed to meet the requirements of the work to which it is devoted.

Thanks to six windows in front, a roof largely composed of glass, and an arrangement of the chairs on raised tiers, the light leaves nothing to be desired. There is space for eighteen chairs in this room. Wash hand basins are placed between each of the windows, and under the flooring there is a system of supply and waste pipes, enabling a saliva ejector to be permanently fixed to each chair. There are lockers for students' instruments, and glass cases for specimens. The Conservation room is open for practice from 9 till 3 daily, and is under the charge of one of the dental officers of the day.

The method of teaching differs somewhat from that in vogue at the special Hospitals, where the formal demonstrations are given by two specially appointed demonstrators. At Guy's it has been decided that a clinical demonstration shall be commenced on each day of the week by the Assistant Dental Surgeon of the day not later than eleven o'clock. The teacher of the day will select, at his option, a gold-filling, a "crown," or any conservative dental operation, and will perform it, showing his method of practice and manipulation. Electric motors and electric mallets will be used throughout these demonstrations. The rest of the teacher's time is spent in giving students any assistance or advice they may require. Medical students will not take part in the work of the Conservation room, but dresserships in the Extraction room will continue to be open to them.

The Dental Surgeon to the Hospital superintends the work of the Dental Department, and attends when requested such cases in the general wards as require dental treatment. Numerous cases of fractures of the jaw, cleft and perforate palate, present themselves.

The systematic course of lectures includes, in addition to those required by the Royal College of Surgeons for the L. D. S., a full course of lectures on Dental Microscopy. Students will be taught the preparation of hard and soft specimens for microscopic examination, and will receive specimens to illustrate the structure and more common pathological conditions of the teeth of man and of the lower animals, which they will mount for their own use.

Several dental students have already entered, and others have expressed their intention of doing so in October next. There is every reasonable prospect of a useful and successful career for the Dental School at Guy's.

Passim.

WE congratulate those gentlemen who have triumphed over the Final Fellowship and M.B. Lond. Examinations. In the former, Guy's has a very fair proportion of the total number of passes.

SPEAKING of the Fellowship reminds us that by the new Charter of the College a Fellow can sit quietly in his arm chair in any part of the United Kingdom, and vote in the coming election of Members of the Council. We hope that the Guyite Fellows, one and all, if unable to be present at the election, will take advantage of this luxury and secure the return of our respected teacher and surgeon, Mr. H. G. Howse.

THE article from which we extract an account of the work of Dr. Owen Rees, who has so recently passed away, was contributed by Dr. Wilks to the first volume of the Guy's Gazette in 1873, and we understand he has been asked to write an obituary notice for the Guy's Reports. It is said that Dr. Rees objected very much to lecturing in a cold theatre, and was very particular that the thermometer should register 60° before he went in. The story goes that when the steam happened to be short, it was sometimes necessary to hold the thermometer in the hand for a few minutes before he arrived. But though he hated the cold, it was nothing to his dislike of a bad smell. He rarely went beyond the *post mortem* room door, then held his nose, and escaped as soon as possible.

THE Tennis Court has been repaired and is now in first-rate order for work. The Fives Court is desolate and forgotten, in spite of its new wire guard. What is the reason of this? In the days that are past it was the scene of many a lively match and tournament, but now the game is quite out of fashion. Curiously enough the first volume of the old GAZETTE chronicles the foundation of the Court which was sanctioned by the Treasurer and built at the cost of the Hospital in the early part of 1873.

IT is a far cry to South Africa, but the voice of the GUY'S GAZETTE is to be heard there, not alone speaking to professional brethren, but adding delights to the columns of the daily press; not alone carrying clinical instruction to the colonial practitioner, but administering to the sense of humour of the lay public. We have before us a copy of the *Kimberly Daily Independant*, wherein, under the title "Medical Jesters," after graceful references to our versatility, is printed a list of facetiæ culled from these columns. We are not vain, but reading these old efforts of ours as exhumed by our contemporary, we are bound to acknowledge that they strike us as funny, very funny.

WE are glad to be able to inform our readers that Mr. Henry Hunt, the Museum Assistant at Guy's, is prepared to make microscopical sections of pathological tissues. The pieces should be small, less than a cubic inch, and should be sent in methylated spirit.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

SIR,—I venture to address you on a subject which may, at first sight, be considered to have but little in common with the majority of your readers—I refer to Medical Ethics. To those of our men who are not hereditarily connected with the profession, it is a sealed book, and consequently there is a risk of Guy's men, in their ignorance of professional ethics, colliding with their brethren in the most undesirable manner. The shilling dispensary, the friendly societies association, and cheap practice are methods of earning a livelihood of which men, educated at the feet of our honourable and high-minded teachers, should be ashamed, and I am sure that if our men knew more of the subject they would avoid such debasing aspects of the medical profession.

The labourer is worthy of his hire, and the doctor of his fee, and so-called associations, which supply well-to-do tradesmen with medicine and attendance at 3s. to 4s. a year, should not command the services of men who have been Dressers at Guy's.

May I suggest to you that this is a useful line for future articles.—Yours faithfully,

May 25th, 1889. A GENERAL PRACTITIONER.

Hospital News.

FORTHCOMING EVENTS.

June 10. Lecture at the College of Surgeons, on Surgical Tuberculosis, by Howard Marsh, Esq.
,, 12. Examinations for Treasurer's Medals. Conversazione at the College of Surgeons.
,, 13. Croonian Lecture at the College of Physicians by Dr. Lauder Brunton.
,, 15. Last day for Schedules of Final Conjoint.
,, 18. Fourth Years's Prize Competition.
,, 20. Third Year's Prize Competition.
,, 22. Last day for Schedules of Intermediate M.B., Lond.

PASS LIST.

SECOND M.B., LONDON.

Cecil Price-Jones.

FINAL FELLOWSHIP.

A. T. Brown. H. E. Crook.
H. W. Drew. A. Gilford.
A. Parkin. C. S. Spong.

THIRD M.B., CAMB.

PART II.

A. E. Kelsey.

PART I.

G. H. S. Daniell.

NOTICES.

THE SANITARY INSTITUTE,

PARKES MUSEUM, 74A, MARGARET STREET, W.

LECTURES AND DEMONSTRATIONS TO MEDICAL MEN.

Tuesdays and Fridays, at 5 p.m.

1889.

June 21st. (1) Some considerations on Ocular Hygiene. R. Brudenell Carter, F.R.C.S.

25th. (2) On the Infectious Hospitals of London as a defence against Epidemics. Edward Seaton, M.D., F.R.C.P.

July 2nd. (3) Vital Statistics. Louis Parkes, M.D,, D.P.H. Lond.

5th. (4) The Water we drink. R. W. Peregrine Birch, M. Inst. C.E.

9th. (5) House Sanitation. Prof. W. H. Corfield, M.A., M.D. (Oxon.)

12th. (6) Adulteration. Chas. E. Cassal, F.C.S., F.I.C.

16th. (7) Medical guidance in the selection of School for certain children. Clement Dukes, M.D. Lond., M.R.C.P., Lond.

19th. (8) Warming, Lighting and Ventilation. Sir Douglas Galton, K.C.B., D.C.L., LL.D., F.R.S.

23rd. (9) Meteorology in relation to Health. G. J. Symons, F.R.S.

26th. (10) Bacteria in relation to Disease. Prof. E. M. Crookshank.

These Lectures are open to all members of the Medical Profession on presenting their cards.

SANDS COX SCHOLARSHIP, 1889.

PHYSIOLOGY.

Tuesday, June 4th, 1889.

1. Contrast the phenomena of rigor mortis, blood coagulation, and muscle contraction. Give a full account of the first of these.

2. Describe the development of the eyeball.

3. Define an anabolic, katabolic, and inhibitory nerve. Give examples of each, and the evidence upon which belief in their existence depends.

4. Describe a sphygmographic tracing, and explain the variations, within normal limits, that may be seen in it.

5. What are the physiological relations and chemistry of Leucin and Glycin?

BRITISH MEDICAL ASSOCIATION.

RESEARCH SCHOLARSHIPS.

The Council of the British Medical Association are prepared to receive applications for one of the two Research Scholarships, which is now vacant, of the value of £150 per annum, tenable for one year, and subject to annual renewal by the Council.

Applications to be sent in at once in writing addressed to Mr. Ernest Hart, the Honorary Secretary of the Scientific Grants Committee, stating the particulars of the intended research, qualifications, and work done.

FRANCIS FOWKE, General Secretary.

429, Strand, London,
May 21st, 1889.

THE APPLICATION OF EVOLUTION TO THE STUDY OF MENTAL PROCESSES.

BY HAROLD G. DIXON.

Medical science nowadays is called upon to enter the field of metaphysics. For although it has always hovered around and involved itself in it, yet it has now to deal directly with such questions as idiocy, madness, drunkenness and moral responsibility, which relate to the mind and lie in the province of mental science entirely.

By the anti- or ante- evolutionist method of thought, man was considered as compounded of three separate functions, and the limits of these were regarded as being immutably and definitely fixed. It is held that they and their sub-divisions were as unchangeable ever as the other products of life.

That the divisions thus insisted upon are useful and good, I would not deny; but may they not also be regarded as having been evolved the one from the other? Similarly, too, the study of these three divisions, or phases, of a man were, by this system, given into the charge of three separate professions, each of which was

held to be more, or less, complete in itself: so that Truth herself while quick to divide her smaller treasures among them, had perhaps to withhold those larger gifts, which would not admit of such a partition.

Thus the Physiologist is occupied with the action of the body; the Metaphysician with the working of the mind; and the Religionist with the operation of the moral feelings and the higher emotions; and whilst admitting the wisdom, or necessity, of this division, I beg to ask whether the evolutionist's form of thought, which is characteristic of the 19th century, is not applicable to all three of them? Its application to one (the physiology both of health and disease) is admitted; so surely it will not be denied to the others. Then, will there not be assistance to the medical student in the solution of medico-legal and medico-ethical questions; and will he not be enabled to see more clearly the connection between mind and matter?

I believe that it is said by those outside the medical body, that medical students as a whole do not favourably receive the old methods of religious and metaphysical thought; and I do not think that your readers will deny that there is some measure of truth in this. Why should this be so? Is it not probable that the effect of a medical training is to render the mind more philosophical? And if this is so—if the old forms of thought are not applicable to, or sufficient for, minds so modified—is it not a proof that these two subjects ought to be re-written, and re-thought out, upon a more philosophical basis—upon such a basis as the lines of evolution afford.

For students of brain operations are so separated from those following the medical and physiological professions, and who study the action of the body—of which the brain, too, forms a part—that they cannot receive that help from the more practical fraternity which would bring their ideas up to the level of the times, and would also enable those who—in the study of medicine—have philosophically advanced with the age to receive the benefit of their metaphysical studies.

What a revolution evolution caused in those sciences to which it has been applied. I need not point out—their theories have had to be almost entirely re-written and a great crop of new ones has sprung up—but I should like to ask where are the corresponding results in religions and metaphysics which are held by some to have bowed down before it and never to have recovered from the blow?

Herbert Spencer has written evolution in his philosophy, it is true; but he has touched chiefly upon sociology, and scarcely carried matters to the issue in which they affect the daily life of the student of medicine, I believe.

Therefore, I am writing to suggest—to beg—that, as the attitude of students of medicine seems to be a standing proof that the "old ideas" are not sufficient for the 19th century form of thought, some one will attempt to apply these principles that have given such new life to certain branches of natural philosophy, to those others which we are said to have left behind,—and thus to prove, either that this method of thought is inapplicable or useless in its results to them, or to bring them forth rejuvinated, and pointing plainly down that path to truth which the medical profession has shown it has the courage to follow wherever it may lead.

ANCIENT HINDOO SYSTEM OF MEDICINE.

Prize Essay by BAMAN DAS BASU.

(Continued.)

Chemistry of the Hindoos.

As an independent science, chemistry was never cultivated in ancient times. It was merely an auxiliary to that of medicine. The Hindoos considered the whole universe to be composed of five elements—viz: fire, water, air, earth and ether. This doctrine of the five elements is as old as the *Rig-veda* itself. Now, this doctrine is known in the West under the name of *Aristotelian Philosophy*. But Aristotle believed in four elements only. He had no notion of ether.

According to Roscoe and Schorlemmer, the ancient Hindoos were the first to discover gold. The other nations of the ancient world derived their knowledge of this, as well as of many other metals, from the Hindoos. All the appellations that have been applied to gold by the different peoples of the ancient world bear testimony to this statement. All these appellations in the different languages signify lustre or flame. The Hindoos were dazzled with the lustre of this metal. They who believed everything to be composed of five elements tried to produce this glittering metal by artificial contrivances. Thus chemistry had its birth in Alchemy.

"They knew how to prepare," writes Elphinstone, "sulphuric acid, nitric acid and muriatic acid; the oxide of copper, iron, lead (of which they had both the red oxide and litharge), tin and zinc; the sulphuret of iron, copper, mercury, antimony and arsenic; the sulphide of copper, zinc and iron; and carbonates of lead and iron. Their modes of preparing these substances seem, in some instances, if not in all, to have been peculiar to themselves."

The processes of metallurgy certainly require a knowledge of chemistry; and the ancient world was indebted to the Hindoos for this knowledge. According to Roscoe and Schorlemmer, the different nations gained their knowledge of extracting iron from its ores from the Hindoos, as appears from the fact of the word "iron" being connected with the Scandanavian "iarm," and with the German "eisen;" and these words no doubt are derived from the Sanscrit "ayas." "The extract of iron from its ores," write the same authorities, "and its industry in various arts were done by the Indians first of all, where to this day they are done in the primitive manner. The dexterities exhibited by the Hindoos in the manufacture of wrought iron may be estimated from

the fact of the existence in the mosque of the Kutb near Dehli of a wrought iron pillar no less than 60ft, in length. This pillar stands 30ft. out of the ground. and has an ornamental cap bearing an inscription in Sanscrit belonging to the 4th century. *It is not an easy task at the present day to forge such a mass with our largest rolls and Steam-hammers; how this could be effected by the rude hand labour of the Hindoos we are at a loss to understand.*"

These are the words of two very celebrated chemists of the day, regarding the skill displayed by the Hindoos in iron metallurgy. Besides iron, the Hindoos were the first to prepare gold, silver and several other metals. And do not all these processes require a knowledge of chemistry?

All these facts tend to prove that the Hindoos originated this science, and were acquainted with many chemical facts which have been borrowed later on by the other western nations through the Arabs. Their vast knowledge of chemical phenomena, is also demonstrated by their having invented gunpowder. There have been many discussions regarding the question of the ancient nations possessing any knowledge of fire-arms. But, of late, all these discussions have been set at rest by the simultaneous discoveries of two Sanscrit manuscripts (one in Bengal by Dr. Rajendra lal Mitra, and the other one in Madras by Dr. Oppbert), which leave the matter in no doubt that the Hindoos were acquainted with fire-arms. The researches of these two Oriental Scholars have proved that the Hindoos knew the use of gunpowder.

It is said that *alchemy* (by which is meant the transmutation of the base into noble metals) first appeared in Egypt. But we have said above that the idea of transmutation of the base into noble metals is with the Hindoos as old as the Vedas themselves. What they call the Aristotle in Philosophy originating in Greece, is the oldest doctrine of the Hindoos of the Vedic period. The fact is there existed a free communication in ancient times between India, Greece, Egypt and other Countries which led these nations to adopt the philosophical and other doctrines of the Hindoos. But to say that the Arabs originated the science of chemistry is an insult to the genius of the Hindoos. The Arabs were merely the recipients and not the original discoverers of any science at all. The reason that has led to the supposition that they were the discoverers of the different sciences is mainly due to the fact that they taught Europe the sciences in the dark middle ages. They taught Europe Astronomy, Arithmetic, Algebra, Alchemy and some branches of Medicine—the sciences which the Arabs had learnt either from the Hindoos or the Greeks. We read in the pages of History that the Arabian Academies of Spain were crowded with students from all parts of Europe. Thus it is that an idea is entertained by the historians of the West that the Arabs were the originators of the sciences in the middle ages. But there can be no doubt that the Arabs received their knowledge of mathematics and other sciences from the Hindoos.

Dhanwantaree and Surgery of the Hindoos.

Next to *Shiva*, whose writings have been lost except in the commentaries of the Hindu medical works, stands *Dhanwantaree*. The regard which the Hindoos cherished for the medical profession, can be well seen from the mythological origin that they attributed to this medical sage. He is said to have come out of the churning of the ocean by the *Devas* (gods or the Aryans) and *Asuras* (demons or the aborigines). At that churning, there were derived nine precious gems and one of these was the sage *Dhanwantaree*. He possessed the ambrosia or the water of life, by drinking which the Devas became immortal. He attended the gods in their war with the demons.

This mythological origin of Dhanwantaree is no doubt absurd, but nevertheless, it shows two points—one the respect which the Hindoos bore to the medical profession; and the other the time when the art of surgery reached a high state of development in India. Dhanwantaree arose when the Indo Aryans were fighting with the aborigines—when after having conquered and settled in the land of the Seven Rivers (now known as the Punjab), they were proceeding towards the Gangetic Hindoostan. "Necessity is the mother of invention." The continual wars with the aborigines compelled them to the development of surgery. This accounts for the mythological origin of Dhanwantaree and his possessing the *elixir vitæ*. When the Aryans witnessed the high rate of mortality among the aborigines who had not the advantage, like them, of skilled medical aid and of fighting weapons, they called themselves immortal beings. And they justly attributed their immortality to the treatment of their skilled physician.

Dhanwantaree established a school for teaching medical art. His disciples requested him to lecture on surgery—for they were destined to be the physicians to the gods (*i.e.* the Aryans), who were not subject to any other affliction than wounds and injuries. It was agreed upon; and *Sushruta*, one of his disciples was chosen to write down the instructions given to them by their teacher. Accordingly, *Sushruta* declares on the authority of his teacher, *Dhanwantaree*, "that the *salya* or surgical art is the first or the best of the medical sciences, less liable than any other to the fallacy of conjecture and inferential practice; pure in itself; perpetual in its applicability; the worthy produce of heaven, and certain source of fame."

The work of *Sushruta*, next only to that of *Charaka* in date of composition, is divided into six books—treating of surgery; general pathology; anatomy; therapia; toxicology and local diseases.

From *Sushruta*, we learn how bold and expert surgeons the Hindu practitioners were. "They were accustomed," writes Dr. Hunter, "to perform amputations, lithotomy, cystotomy; operations on abdomen and uterus (as Cæsarian section); embryotomy and paracentesis abdominis; they cured hernia, fistula and piles; set broken bones and dislocations; were dexterous in the extraction of foreign bodies; and cured cataract by couching.

The Hindoo surgeons devoted a special branch to the plastic operations for improving and forming new ears and nose. This branch has been recently borrowed by the European surgeons. They also mention for the cure of *tic douloureux*, a process analogous to the modern one of cutting the fifth nerve above the eye-brow."

They also mention more than 120 surgical instruments which prove how carefully did they master this branch of the healing art. The instruments were to be made of the best iron reduced to steel, a process which was known to the Hindoos since the earliest times.

They describe fourteen different kinds of bandages used for the different parts of the body.

The ancient Hindoo surgeons were very dexterous in using styptics, caustics, cauteries, scarification and various modes of removing blood.

(To be continued).

OVERHEARD IN THE TRAIN.

TITUS.—Don't look very fit—eh?

PUBLIUS.—Oh! I don't know—lot fitter'n what I was.

TIT.—What been matter?

PUB.—Quinsey—no. or'nery kind of quinsey—nearly went under—understand? This place done me wonderful lot o' good.

TIT.—Better send advertisement to Sir Moral Mackenzie.

PUB.—I *been* to him, but he warn't "surr" then,—an' what d'ye think he told me? He says, "There's two sorts o' tonsels, some as ain't no use, and some as'll bleed. If you was to take them as'll bleed out, you'd bleed to death sure's you're human.

TIT.—Didn't he do nothing *to* you?

PUB.—Law! not he [*fine scorn!*] he ain't one o' them sort what tells you ter do this, an' ter do that, and fills yer up with med-i-sin and such like. What you think he said,—"Mr. Publius," says he, "go 'ome," says he, "an' jest get a pennoth o' alum, put a teaspoonful of it in a bottle o' beer what's got the beer out, and jest fill up with water; you goggle this, and you'll be alright," which I done it, and here I is, as fit er man as what you is.

TIT.—'Ow much you got ter pay 'im for that?

PUB.—Two-two.

TIT.—Whew!!! I'd a-told you that for *two* D.

"FARRAGO."

SANDS COX SCHOLARSHIP FOR 1889.

RESULT.

A. T. Rake	Scholarship.
T. Holmes	Proxime Accessit.

EXCITING OTTER HUNT.

By A. G. BOWEN.

Having been among the ranks of the unemployed this spring, I thought it might be of interest to some of my brethren who cannot get down here, to know how the poor live in Devonshire; and the particular phase of life I propose to describe is how the poor otter dies. I must apologise for local allusions, and occasional remarks which savour more of the West Country dialect than of grammatical English, hoping only that they may appeal to some native of this favoured land.

The first day I went out we met at Tiverton. Breakfast at six o'clock, to catch the first train at Burlescombe, Mr. Collier rode over with the hounds and met us at the junction, thence a quarter of an hour in the train brought us to Tiverton, where a fair number of sportsmen and a number of fair sportswomen met us, and a start was made at once. An otter had been "spurred" about a mile up the Loman, and at that point one of the hounds duly opened; the hounds worked admirably on a stale scent till just above Craze Loman, where three streams join to form the main river, and there is a good deal of marshy land, after about an hour beating about the marsh, finding scent in all directions, it became evident that the otter had followed Apollo's advice and taken the middle one of the three, so with a good scent we ran up to Chief Loman, where the ladies had a good time crossing some of the small streams, which were too wide to jump, and being only about knee deep were not considered to require bridges; however all were soon with the hounds and went on merrily past Huntsham Wood, till about a mile below Huntsham Village, where the hounds marked him down under an overhanging tree; the hounds were soon called off up stream, and the otter "poled" out of his hide and coaxed down stream to a stretch of deep water a couple of hundred yards lower; in this pool the hounds hunted him up and down for an hour, the interest being heightened by an aged and very enthusiastic sportsman managing in his excitement to break away the bank and go into the deepest part. I don't think he had any intention of attacking the otter, but anyhow, shortly after this he (the otter I mean) went over the stickle at the lower end of the pool and was soon the object of special attentions from the hounds, notably old Badminton, who has a firm conviction that the way to kill an otter is to take its head in his mouth and chew.

In a very few minutes the head, tails, and pads had been taken off, and the hounds were making merry over the carcase; the two terriers not having much chance at this game were very busy for a time trying to break up one another.

It being now one o'clock, sport for the day was concluded, and I started on a ten mile walk home. Most of my way lay with the hounds, so that the interest of a very enjoyable day was kept up right to the end by old Mr. Collier's stories of his half century experience of otter hunting.

Sport.

CRICKET.

GUY'S HOSPITAL 2ND v. HIGHGATE SCHOOL 2ND.

This match was played at Highgate on June 1st, and resulted in a victory for us by 55 runs. For us Jewell played in his usual steady style, being at the wickets over two hours for his runs, and Yorath and Cresswell hit hard. Highgate were quickly disposed of, the only man to offer any resistance being Robertson, who batted in really excellent fashion. Scores:—

GUY'S HOSPITAL.

W. H. Jewell, b Robertson	19
T. H. B. Yorath, b Robertson	24
T. G. Stevens, st Hall, b Keene	6
S. C. Cresswell, b Frizelle	17
H. W. Webber, c Young, b Robertson	11
H. L. E. Wilks, b Robertson	7
J. G. B. Coleman, c Kent, b Robertson	3
J. W. Culmer, c Young, b Robertson	0
F. G. Philps, b King	5
E. Moreton, b King	12
E. J. Budge, not out	0
Extras	7
Total	111

HIGHGATE SCHOOL.

F. S. Kent, b Culmer	0
E. H. Waller, b Yorath	2
H. B. Durant, b Yorath	3
P. J. Robertson, c Yorath, b Coleman	36
N. Francis, b Culmer	0
F. E. Young, b Culmer	0
S. S. Keene, b Yorath	4
T. Frizelle, l b w Culmer	0
H. J. Hall, not out	2
S. L. King, b Coleman	0
S. H. Godwin, b Philps	4
Extras	9
Total	56

LAWN TENNIS.

GUY'S HOSPITAL v. LEIGHAM, L. T C.

Played at Streatham on Saturday, June 1st.

SINGLES.

H. G. Biddle (G.H.) beat A. J. Lake (L.) (6—1, 6—2).

W. E. Sturges-Jones (G.H.) beat A. V. Lake (L.) (6—2, 6—3).

C. R. Colley (L.) beat A. L. Allworth (G.H.) (6—4, 7—5).

C. G. Roberts (G.H.) beat R. Rutherford (L.) 6—4, 6—3).

A. V. Chapman (G.H.) beat A. V. Thompson (L.) (6—2, 6—3).

A. V. Pendred (G.H.) beat J. R. Hall (L.) (6—3, 6—2).

DOUBLES.

Biddle and Sturges-Jones (G.H.) beat Lake and Lake (L.) (6—4, 6—3).

Roberts and Allworth (G.H.) beat Colley and Thomson (L.) (6—1, 6—2).

Pendred and Chapman (G.H.) beat Hall and Rutherford (L.) (5—7, 6—2, 7—5).

Guy's won by 8 rubbers to 1, 16 sets to 3, 111 games to 62.

GUY'S HOSPITAL v. SOUTH PARK.

Played at Wimbledon on Saturday, May 25th.

SINGLES.

C. R. Colley (G.H.) beat F. Bristowe (S.P.) (6—1, 2—6, 6—4).

C. B. Geake (S.P.) beat W. Haslam (G.H.) (2—6, 6—3, 6—4).

J. Milne (S.P.) beat W. Bligh (G.H.) (6—1, 6—3).

H. Groombridge (S.P.) beat W. H. Peake (G.H.) 8—6, 6—1).

E. H. Hast (S.P.) beat A. V. Chapman (G.H.) (6—4, 5—7, 6—3).

A P. Child (S.P.) beat G. Sichel (G.H.) (6—0, 6—3).

DOUBLES.

Colley and Haslam (G.H.) beat Bristowe and Groombridge (S.P.) (8—6, 6—4.)

Milne and Geake (S.P.) beat Chapman and Sichel (G.H.) (6—4, 6—4.)

Bligh and Peake (G.H.) v. Hast and Child (S.P.), left unfinished (7—5, 1—2.)

South Park won by 6 rubbers to 2, and 1 drawn in Guy's favour; 13 sets to 7, 109 games to 85.

Advertisements.

LECTURES on PATHOLOGICAL ANATOMY

BY

SAMUEL WILKS, M.D., F.R.S.,

Consulting Physician to, and formerly Lecturer on Medicine and Pathology at, Guy's Hospital,

and the late

WALTER MOXON, M.D., F.R.C.P.,

Physician to, and some time Lecturer on Pathology at, Guy's Hospital.

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Guy's Hospital Gazette,

JUNE 22, 1889.

In Memoriam.

LEONARD CHARLES WOOLDRIDGE, BORN 1858, DIED 1889.

Following close upon the not unexpected news of the death of Dr. Owen Rees—by a gentle dismissal, in a good old age, after a long and honourable course—came the almost incredible tidings that we had lost the youngest and most brilliant of our staff by a sudden and unforeseen stroke, "dead e'er his prime," with head and hands busy, with work half finished, with sanguine anticipation of discoveries and of fame. Few have in thirty years of life done so much and gone so far as Wooldridge. But what he had achieved was, in the eyes of those who knew him and in his own, only a prelude to what he would have done if thirty years more had been granted him; for his was not the even-balanced soul which most of us are content to desire—the mastery of facts, the judgment that comes of knowledge and experience: industry indeed he had, and rare power of arguing knowledge, and zeal and energy and good sense; but beside all this, he had the rare gift of insight and imagination, that opens new roads, the intellectual courage that dares to follow them, and the instinct that never suffers the explorer to follow a road that leads nowhither. Those who knew him best expected the greatest things of him in the future. *Sed Dis aliter visum!* The thin-spun thread is slit, the race but just begun is ended, his sun is gone down while it was yet day.

One sad privilege such early removal has: he has not outlived one of his many friends, and in all their hearts his memory will be green.

The son of a country surgeon, he and an only sister lost their father while they were still young, and, soon after his entry at Guy's Hospital in 1875, his mother died also. His contemporaries were Dr. Hale White, Dr. Clifford Beale, George Wright of Manchester, Leonard Stokes, Beaven Rake (now of Trinidad), Adeney, Blatherwick, and many more who met at his grave. He was slight in build and unfitted by powers or taste for athletic games, but his health was no obstacle to mental labour. He learned rapidly and thoroughly, remembered accurately, and became a skilful microscopist and a good chemist. His greatest pleasure was to be in the physiological laboratory; and he was so promising a student, that Dr. Pye Smith advised him to pursue his studies at Leipzic, and introduced him to Professor Ludwig. He was most kindly received by that great and good man, given every advantage that the best laboratory and the best teacher in Germany could furnish, and brought into association not only with Ludwig himself, but with Drechsel, Kronecker, Gaskell, and other rising physiologists.

After about two years' work abroad, Wooldridge returned to Guy's. He had already distinguished himself by taking the Arnott Exhibition and gold medal in Physics at the Preliminary Scientific Examination, and he obtained the rare honour of Doctor of Science in 1881. But he determined to complete his interrupted medical curriculum, and showed almost as great ability in the wards as he had in the laboratory. He was second in the first class of Honours in Medicine when he took his Bachelor's Degree in 1882, and became Doctor of Medicine in 1886.

Dr. Wooldridge was made Demonstrator of Physiology in 1885, and afterwards became associated with Mr. Golding-Bird in the Lectures on that subject. He had been elected a Lewes Student on the foundation established in memory of George Henry Lewes by his widow, the eminent writer known as George Elliott. After holding this endowment for some years, he obtained one of the Grocer's Scholarships for Research, and this was renewed only a few days before his death. He contributed to science a valuable paper on the nerves of the heart; one on the sterilizing properties of a medium in which bacilli have been cultivated, and a remarkable series of investigations into the coagulation of the blood, which led him to important new facts regarding dropsy, purpura and hæmorrhage, besides the more purely chemical results of his work. A full and careful abstract of Wooldridge's theory of coagulation was given in this GAZETTE a few months ago. The subject of the Croonian Lecture which he was appointed to deliver before the Royal Society last year—a high honour for one so young—was the discovery of a coagulating agent, such that a very small amount injected into the circulation of a dog will produce almost instantaneous thrombosis of the portal vein. His last paper, defending his methods and results against criticism, will probably appear in the next number of the Journal of Pathology.

As a clinical physician, Dr. Wooldridge had already begun to make his mark, and his practice was followed with interest by thoughtful students. He took the liveliest interest in pathology, and would, no doubt, have

thrown light on many of its problems; not so much by the anatomical and histological methods chiefly cultivated in this country, as by applying the experimental methods of physiology in the way that led Cohnheim to the masterly expositions of his "Allgemeine Pathologie."

While living in Leipzic, Wooldridge met his future wife, a daughter of Sir Edward Sieveking, who, with an infant child, survives him.

The happiness of home, which his affectionate and guileless nature was made to appreciate, equalled the fulness of his public success. Few men have enjoyed more or succeeded better, or deserved better to succeed and to enjoy. His life was as happy as it was brief. He used the talents entrusted to him with rare fidelity; so that, premature as its close seems to us, his brilliant course proves once more that much may be done in few years—

"And in short measures Life may perfect be."

The illness which cut short this remarkable career lasted only a week. It began with gastro-intestinal disturbance, dependent, as Wooldridge believed, upon poisoning by ptomaines derived from imperfectly-cured fish. However this might be, follicular colitis was set up, and continued almost unchecked; while, unfortunately, neither was advice sought nor rest taken in time. He visited the Hospital on Thursday, the 6th of June, though so seriously ill that he was obliged to return home, and then, for the first time, under Dr. Taylor's friendly urgency, took to his bed. The same afternoon he died from sudden failure of the heart. There was found after death to be extensive though superficial ulceration of the colon and slight dilatation of both ventricles.

The funeral took place at Norwood Cemetery on Wednesday, June 12. It was a warm and sunny afternoon. The coffin was followed from the mortuary by the near relatives of the deceased and a number of Guy's men, and was borne through a double line formed in the colonnade by Nurses, Sisters, and Students. It was covered with wreaths of beautiful flowers presented by the Staff, Nurses, Sisters, and Students, as well as some from non-medical friends. Among those present at the interment were Sir Edward Sieveking and members of his family, Dr. Wilks, Dr. Braxton Hicks, Professor Burdon Sanderson of Oxford, and Messrs. Horsley, Beevor, Lingard, and other friends from the Brown Institution. Professor Michael Foster of Cambridge was unavoidably prevented from attending. With very few exceptions the whole of the Hospital and School Staffs, and a large number of Students, were in the procession, which included Sir Andrew Clarke's carriage and nine others.

AN INTRODUCTORY LECTURE ON PATHOLOGY.

By JAMES F. GOODHART, M.D.

(Concluded.)

And now to take another branch of pathology that is making rapid strides, but one nevertheless of which we know really little. I mean the pathology that is a matter of chemistry. And this is no small matter when you come to think of some of the diseases that are especially implicated. There is the condition termed Sapræmia—that is to say, septic intoxication, due to the introduction into the blood of some alkaloidal products; a thing less common now than formerly, because of the more skilful treatment of wounds. Closely allied to it come the conditions produced, or supposed to be produced, by ptomaines, or cadaveric alkaloids. Ptomaines are not, however, apparently confined to dead material. They are supposed to be produced in the living body at times, in peritonitis, &c.; and although little is as yet known on the subject that can be called certain, it is this aspect of the question that seems to me to open up possibilites of discovery as regards morbid conditions, such as the at present ill understood multitude of pyrexial states, which are far reaching indeed. One is not, however, confined to abstruse conditions such as these. There are gout, rheumatism and diabetes—all three common, all three serious diseases; and if I may not say that they are chemical entirely, at any rate it may be said that they are largely so.

Diabetes is perhaps the best for my purpose now because it really has no known morbid anatomy. It may shew *results* in that way:—to wit, the cataractous lens, the destructive pneumonia, the wasted pancreas, the large kidneys, and hypertrophied bladder; but the disease itself, if there be any lesions, must be some vascular disturbance in the central nervous system or some abnormal rhythm of nervous discharge, most comparable to a physiological, if temporary, or if permanent, to a pathological blush. This subject is by no means without its interest particularly when we remember that diabetes is sometimes hereditary, is often due to severe nervous shock, and that the appearance of sugar in the urine as a transient condition is one of the commonest incidents of nervous exhaustion—whether that be due to overwork, or worry, or anxiety, &c. Nevertheless, most of our knowledge of the disease is chemical. Its nearest allies are the same. Its results, the cataract and destructive pneumonia, are probably dependant on the altered quality of the blood; the coma that so often ushers in death, is, in like manner, no fresh lesion, but due to the noxious character of the circulating fluid; and its treatment has in its aims, at any rate, been largely based upon the application of chemical knowledge. Gout and rheumatism, again, are quite on all fours with diabetes. They, too, *may* owe their origination to deeper seated conditions of the central nervous system

than the eye can reach, as evidenced by that subtlest of all pathological states—that power of developing disease that is inherited. But though very real, the inherited tendency is at best but unsubstantial and vague, and all the valuable knowledge we possess about these two diseases is derived from the investigations of chemistry. And how very chemical is the pathology of all these three diseases may well be seen from some comparatively recent work published by Dr. Latham, of Cambridge, in some lectures at the College of Physicians. Whether right or wrong in the conclusions there put forward, and they cannot as yet be accepted as proved—some points in the pathology of rheumatism, gout, and diabetes—no one can peruse those lectures without seeing first that they are pathological to the core, appallingly so to one who is old enough to have been nurtured on the *old notation*, and whose cerebral evolution has not gone on the lines of practising receptivity of the most jaw-breaking names. But that is far from all. The symbols are manipulated in such a charming and withal masterful way that the clinical relations of these three diseases, for as you may know, rheumatism and gout run together in families—some think that the two interchange at different times of life in the same individual, and then, again, glycosuria, and gout are often associated or the one is substituted for the other—are all in some measure brought into harmony and explained. And further, Dr. Latham suggests from his studies of the chemistry of uric acid and glycogen that the salicylates and benzoic acid, by rearrangements in the animal kiln, may so change, or arrest the formation of noxious materials, so direct them to others more easily made away with, that sugar may cease to be found in the urine, and gout and rheumatism become less the obstinate old fogies we have been accustomed to find them. But that is not all you may learn from these lectures. I have for years been convinced, viewing the matter from its clinical side chiefly, and without I must admit any definite idea of how it was accomplished, that hydrocarbons were by no means unnecessary or useless in the production of albuminous matters—that is to say, the heat giving and the tissue forming elements were by no means so distinct for separate issues as was taught. And I now see, or think I see, with Dr. Latham's help, how this can be accomplished. I won't pretend to go through the steps of the process—to be honest, I couldn't do it if I tried, for the amido acids, the cyan alcohols, the methylic aldehyde, in their varied movements and courses, are almost as puzzling and devoid of point to the unlearned as a Scotch hornpipe to a man who has never learnt to dance. But I gladly seized upon some experiments of Nägeli, which show that albumen can be formed by fungi whose nutriment consists exclusively of sugar mixed with ammonia.

Here I get a flood of light by the aid of a little incident that happened to me years ago. One day I happened to be paying a visit to a friend about the middle of the day, and found him in consequence at his lunch. As his meal seemed of a remarkably slender nature, consisting in fact only of a wine glass containing fluid not quite like sherry, nor yet like port, I enquired the nature of the potent substance. "Gentian and ammonia," said he, is my lunch." "Gentian and ammonia!" said I, "do you like it?" "Yes," he replied, "I am a small eater at the best of times, and, having a difficulty in swallowing, can't take much, and gentian and ammonia keep me up." My friend and his lunch haunted and, I may say, puzzled me for many a long day, as well it might; and indeed it was not till I learnt this fact, that fungi can make albumen out of sugar and ammonia, that I realised to the full the grand physiological perceptions of the human stomach. He had got, by instinct, just the right mixture in its alcohol, ammonia, and possibly a little syrup of orange, with which to manufacture albumen out of, and, I am happy to say, that he is still alive on that diet. And perhaps I may seize this opening to inculcate another lesson to be culled from Dr. Latham, and that is, to call nothing common or unclean, so to speak, in regard to its value as food. Some time ago it used to be asserted, with some insistance,—it may be still for all I know,—that gelatine was useless as a food. If anybody tells you so, don't believe it: you will find lots of patients of all ages, when you get into practice, who, when very ill, will take for days together, perhaps nothing but a little jelly, and pull through on it. Being quite sure of the fact, I was not very uneasy at the reputation of gelatine being so besmirched. Nevertheless, I think I was made a little more comfortable by the gentian and ammonia occurence, or, rather, by Dr. Latham's happy lectures, because, in addition to the clinical fact, one was thus afforded some scientific ground for one's belief.

Don't go away now and say that jellies are *the* things to feed the sick upon, and that I said so. All I say is, that if the sick won't take anything else, or much of anything else, then gelatine in the form of jelly is of unquestionable help, and there is no doubt that it is utilized.

These are the two branches of pathology upon which it is necessary more especially to insist, either as being without the scope of morbid anatomy, or as coming less prominently under your notice; but there are yet other lines of investigation and of thought which must not go unheeded. And next I would call your attention to the necessity, that you should not confine your studies to morbid anatomy and pathology as you find them in man. I need hardly insist to-day upon the fact that a study of pathology in the lower animals has been largely productive of increased knowledge of human pathology, and the whole science of bacteriology may almost be said to date from Villemin's study, five and twenty years ago, of the process of tuberculosis in animals. Since then has come almost day by day some fresh addition to our knowledge of disease, as well in the lower animals as in man; till now, in many large institutions for the study of biology, the staff includes a professed bacterologist, and the study of this subject has become so large and so special, the manipulations and the care required are so delicate and so absorbing, that it requires all the

devotion it is obtaining. The results have been not short of stupendous, only to run over the names of the diseases that have been more or less elucidated by this line of research; there is tuberculosis in men and animals; the pleuro-pneumonia of cattle; pneumonia in man. There are observations on micro-organisms in traumatic infective diseases, on their relations to acute purulent inflammations; we have now got a bacillus for glanders, for leprosy, for anthrax; there are the micrococci of erysipelas, of diphtheria; there is cholera, and there is the comparative new disease called actinomycosis. Add to this that we seem to be on the eve of still larger fruits, which shall lay bare some of the vital secrets of the exanthemata, of the continued and other fevers which still baffle us, and throttle scientific medicine, and that this branch of study has led up to such brilliant researches as those of Pasteur with rabies, and the probably no less important suggestions of attenuation of Virus, and all its possible bearings on vaccination, for the cure or prevention of this disease, and that in animals and in man, the striking results in that direction that have been already attained with regard to anthrax—all these make not a bad show for a few short years, and allow dreams—may they be happy ones even for us—of a future in which medicine will have no part.

Well, then, too, to say a word upon the coarser changes of disease, there is much of morbid anatomy in the lower animals that throws a light upon some of the diseases of man. The study of comparative morbid anatomy combined with the study of embryology explains many a cyst, many a tumour, many a condition otherwise only a curious fact, and further it throws light upon two fundamental principles which are quite as much concerned with pathology as with physiology; I mean those of evolution and heredity. But not even yet have I done with the lower worlds, for, indeed, I think, though you may not have time to study them exhaustively, there are few more interesting topics than the contrasts and the reasons for them, that are to be found between animal and vegetable pathology. The vegetable world, instinct with life as it is, shows well the processes of degeneration and decay. In it the processes of hypertrophy and atrophy are, as you well know, made subservient by man to some of the most beautiful results that the flowering world can show. They are brought about, indeed, by careful investigations and constant study of means to this end.

Then the growth of tumours are by no means uncommon, parasitic diseases abound; but the repair of injuries is rude and imperfect, and the separation of dead parts from the living by natural effort is, I believe, unknown. The dead limb, whether it be blade or leaf or branch, always requires surgical aid, though it comes by divers external agencies, and often in no more corporeal form than the wind.

And with this I think I have said enough to indicate how large is the scope of pathology, and how catholic a subject it is, if you see it as I wish you to. So wide is its range, so multitudinous, so absorbing, so interesting are the questions that it is ever propounding to the active mind, that it is not a subject to *teach*—it is a subject to *learn*, and that is no mean distinction. I can teach you morbid anatomy; you are already well taught in the post mortem room; I can't *teach* you pathology, I can do little more than suggest it. Pathology is a habit of thought, a self-help which stimulates you to observe, and, as I think, to learn;—and therein is the difficulty of the Lecturer, lest, in examining the fringe, he should soil the garment.

For—

"And yet thou canst not know,
And yet thou canst not see,
Wisdom and Sight are slow
In poor humanity."

ERRATA IN SECOND PART (JUNE 8).

1st col., line	14...	for alas!	*read* when.
,,	19...	,, heart	,, sweat.
,,	22 ..	,, even	,, through.
2nd col., line	10...	,, knew	,, know.
,,	12...	omit full stop and run on.	
,,	37...	,, in	*read* is.
,,	39...	omit comma after "it."	
,,	48...	,, using	*read* usurp.
		5 lines from bottom ... restitution	*read* evolution.
3rd col., line	10...	,, "making the exclusions"	*read* working too exclusively.
,,	31...	,, animation	*read* animalism.

NOTES ON A CASE OF BELLADONNA POISONING FROM A BELLADONNA PLASTER.

By R. J. RYLE M.A., M.B., Oxon.

Mrs. B.—is a healthy well-to-do lady, between 50 and 60 years of age. She believes herself to be delicate, and is never quite satisfied that her life can go on without the aid of two or three doses a day of some homæopathic or other quack nostrum. One day I was summoned to see her hastily, and on reaching the house, was told that she had had a slight cold lately (as usual), and had gone to bed early the preceding night. She had had a bad night, and this morning was very feverish and strange in her manner. I found her sitting on a sofa with a wild looking flushed face and breathing rapidly. She said her throat felt sore and dry; she spoke loud, her pulse was 140; her temperature was 100°. She had a red rash on her wrists which she said had been all over her earlier in the morning. She was perspiring profusely;

her pupils were larger than usual, but not extremely dilated, and they re-acted to light. She had no difficulty with micturition. She was able to walk across the room and consult the railway time-table; but her manner reminded me of that which is commonly seen in an early stage of alcoholism, when commencing co-ordinative failure is still compensated by a little increased care and attention to details.

Knowing her ways, I asked what medicine she had been taking lately, and I found that she had been taking one medicine which contained pot. sod., and another which contained nux vomica. She had also taken some camomile pills and somebody's patent "water," but had not taken any belladonna.

(Not to be taking belladonna or nux vomica is, I believe, almost an unknown thing among many ladies), so furthur enquiry elicited that at half-past nine the night before she had put on her chest a large belladonna plaster. She was not feverish, and had no throat dryness last night, but both symptoms appeared early in the morning. The belladonna plaster was at once removed (at 12.30 a.m.) and a seidlitz powder to be taken at once was given *pro formâ*.

The patient had an hour of sound sleep in the afternoon, and at 9 p.m. the temperature was normal, the pulse was 100, the dryness of throat was gone and the patient was in her right mind.

Such cases as this in which belladonna from an ointment, liniment or plaster causes toxic symptoms, are, I believe, not very rare; but two points in the above case are of interest. (1) *The rapidity of action of the plaster.* The patient had gone to bed at 9.30 without symptoms, and awoke quite early in the morning with them. I learned that the plaster was about 10 in. by 8 in., and that before its application, the patient had for two or three days worn an Alcock's porous plaster on the chest, which doubtless had softened the epithelium, and facilitated absorption (? the ingredients of Alcock's).

(2.) *The existence of profuse perspiration, and but slight affection of the pupils*, accompanying well-marked symptoms of throat, pulse, rash, temperature and demeanour. The effects of belladonna are of course different with different doses, but I should like to know whether any of your readers can contribute any illustrative cases of such variations, either from their own experience, or from the literature of poisons, and whether the variations follow any constant rule.

P.S.—I may perhaps add to the above that I have seen one case in which belladonna dilated the pupils and produced difficulty of micturition but no other symptoms. It was being given internally in large doses.

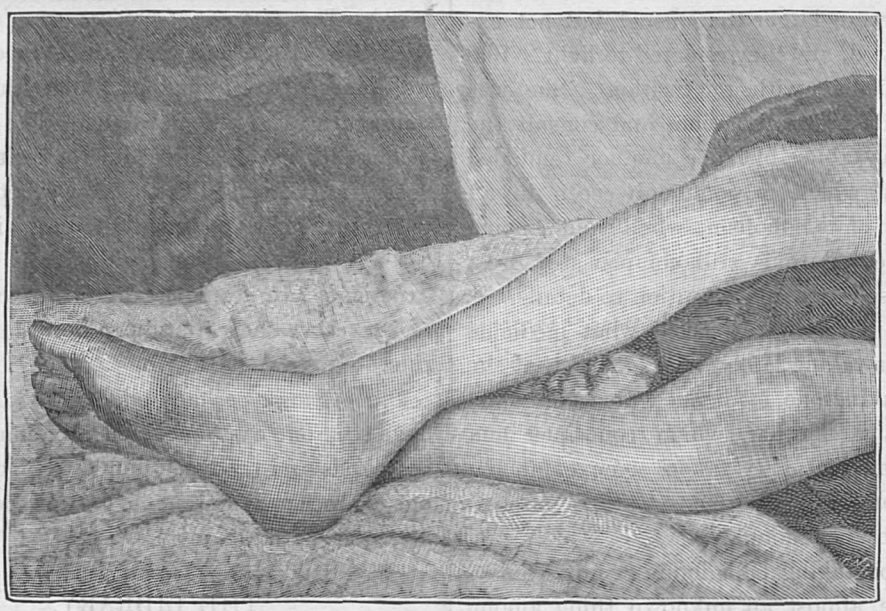
THE LIBRARY.

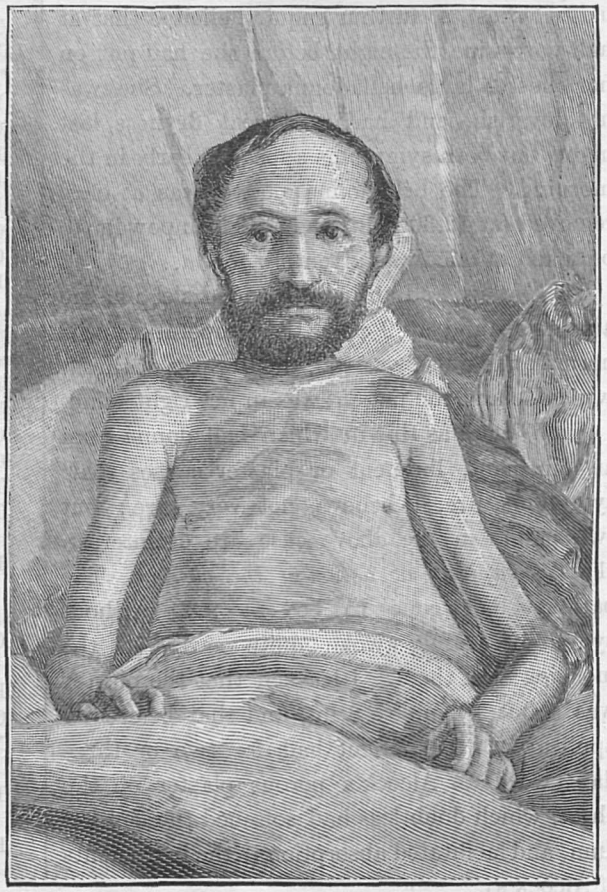
The following books have just been added to the Library on the recommendation of the Committee: –

Thompson's Urinary Diseases.
Reynolds' Organic Chemistry.
Carrington and Lane's Dissections.
Ralfe's Diseases of the Kidneys.
Pick's Dislocations and Fractures.
Index to Vols. 1–100 Virchow's Archiv.
Galabin's Midwifery.
Quain's Anatomy.
Local Government Board, Reports of Medical Officer of Health for 1880, 1882, 1883, 1884, 1885, 1886, 1887, 1888.

Presented since our last notice:—

Jacobson's Operations of Surgery, by the Author.
Wardell's Contributions to Pathology, by Mrs. Wardell.
Campbell's Causation of Disease, by the Author.
Caird and Cathcart's Surgical Handbook, by Dr. Shaw.
The Medical Institutions of Glasgow, by the Editor.
The Medical Jurisprudence of Inebriety, by Dr. Stevenson.
Index to the Glasgow Medical Journal from 1828 to 1888, by the Secretary of the West of Scotland Medical Association.
Cullingworth's Antiseptics in Midwifery, by Dr. Stevenson.
Report of the Trinidad Leper Asylum, by Dr. Rake.
Catalogue of Lewis's Medical Library, by Mr. Lewis.
Minutes of the Senate, London University, by the University.
The Calendar, College of State Medicine, by the Secretary.
Reports of the Hunterian Society for 1886-7-8, by the Hon. Secretary.





THE ILLUSTRATIONS.

This week we have the pleasure of presenting our readers with reproductions of the photographs referred to by Mr. J. C. Baines in the notes of a case of Osteitis Deformans published in the GUY'S GAZETTE of April 13th. The photograph of the head and chest shows the large size of the former, the wasted chest, and the difference between the two arms; while the second illustration shows the bowing and enlargement of the left tibia.

The most recent publication on this interesting disease is the special number of the *Illustrated Medical News*, issued on February 23rd, 1889, which contains many illustrations, both macroscopic and microscopic, of the changes which take place.

Passim.

FROM the "In Memoriam" article, which Dr. Pye-Smith has very kindly contributed to these columns, our readers will learn what a severe loss we have sustained in the early death of Dr. Wooldridge. As some of his work has not yet been published, we hope to give in a future number of the GAZETTE the latest investigations of this talented Physiologist.

DR. Washbourn has generously undertaken the classes in advanced physiology which Dr. Wooldridge was holding at the time of his death.

THE demonstrations in Bacteriology will begin next week. We understand there are already six gentlemen from different quarters of the globe desirous of being instructed in this special branch of pathology. The necessary apparatus has been fitted up in the new pathological room, and is in good working order. The demonstrations will be given in the Long Room.

A LETTER from "A General Practitioner," published in our last issue, deals with the delicate subject of Medical Ethics, and suggests that it is a useful line for future articles. We do not propose to adopt this suggestion now, but when we hear of a young Guy's man setting up in practice a little way down the line, and initiating his tenure of office by a house-to-house distribution of green pamphlets stating his fees, hours of attendance, and that "diseases of women and children receive special attention," we cannot but think that there is something besides medicine and surgery to be learnt before leaving Guy's.

THE annual Athletic Sports took place on Thursday, June 20th, at Balham. The prizes were distributed by Mrs. Newton Pitt. The scores will appear in our next issue.

Hospital News.

INTERESTING CASES.

John	5.	Empyema with pneumonia.
	8.	Aneurysm of descending aorta.
	11.	Malignant jaundice.
	13.	Hepatic enlargement, ? Hydatid.
Miriam	20.	Typhoid, intestinal hæmorrhage.
	24.	Inguinal colotomy for intestinal obstruction
	31.	Hodgkin's disease.
	32.	Hystero-epilepsy.
Lydia	15.	Aneurysm of external iliac in young woman
Martha	13.	Retropharyngeal abscess.
Lazarus	5.	Epithelioma of the ear.
Luke	4.	Renal calculus, ? Tubercle.
	20.	Talipes cavus.
Dorcas	5.	Double funicular hernia.
Mary	1.	Paralysis agitans.
	18.	Ulcerative endocarditis.
	26.	Xanthelasma.
	42.	Rigid spasm of arm.
	45.	Post-hemiplegic hemichorea.
Philip	6.	Occlusion of superior cava.
	14.	Enlarged liver, pleuritic effusion.
	26.	Hepatic ascites, ? Gumma.
Stephen	1.	Hemiplegia with hemianopia.
	13.	Recurrent simple jaundice.
	18.	Paraplegia, ? Acute myelitis.
	24.	Locomotor ataxy, Charcot's knee.
	32.	Lateral sclerosis.

PASS LIST.

SECOND M.B.—CAMBRIDGE.

PART II.

F. Colclough. D. W. Samways.

PART I.

D. W. Samways.

FIRST M.B.—CAMBRIDGE.

H. B. Bolus. A. Shillitoe.

NOTICES.

LECTURES & CLINICAL DEMONSTRATIONS ON MENTAL PHYSIOLOGY FOR M.D., M.S. LOND.

By permission of the Governors of Bethlem Royal Hospital Dr. Savage proposes to give a Course of Instruction in "Mental Physiology, especially in its relation to Mental Disorder," adapted to the requirements of Candidates for the M.D., M.S. Lond. The Class will be held during the months of October, November, and a part of December; and the Instruction given will consist of one formal Lecture a week, and two weekly Clinical Demonstrations in the Wards of Bethlem Hospital.

The Lecture will be delivered on Mondays at 2 o'clock in the Chemical Theatre at Guy's Hospital, and the

Clinical Demonstrations will take place at Bethlem, on Tuesdays and Fridays at 2 o'clock.

The Fee for the Course is 3 guineas, which should be paid at the Office of the Medical School, Guy's Hospital, S.E.

The above Course is free to Guy's Men.

THE DOOR-PLATE.

Here, "Deep in the shady sadness of a vale," not unhappily "Far sunken from the healthy breath of morn," but evidently in a very healthy spot, and well out of the general run of patients, I sit behind a door-plate waiting with a resignation Job himself might have been proud of for those rings at the bell one ever expects but never hears. It is interesting to watch the effect of a new door-plate (or rather gate-plate) on the passers-by.

I had not had my plate up many hours before a group of schoolboys collected in front of it, and, after a short consultation, all with one accord began to shy stones at it. This irritated me. I got up intending to take energetic measures to check their little amusement, but on thinking it over I decided to encourage them in their sport. A few good shots might take off its look of newness, with the suggestion of inexperience and youth. Old men stop, read it carefully, then look up at the house seeking further information. What they expect to discover by looking into all the bedroom windows, and whether they find what they want I don't know, and should I go out and ask them if they are satisfied I scarcely think they would like it.

Then there is the City man who reads it, suddenly remembers that it is feeble of him to go along the road reading door-plates, and pretends he did not see it. Then there is the man in flannels, with a tennis racket and a very fine tie, who is so entirely absorbed in the contemplation of his own attractive figure that a door-plate has no interest for him. He is young; he has not yet learnt what it is to have his own living to make, and thinks life all "beer and skittles"—there is disappointment in store for him: it isn't. Women all, high and low, old and young, take a kindly interest in it, read it thoughtfully, and, I have no doubt, discuss it with their friends. For this let us be properly thankful. Were it not for afternoon teas the fact that a new door-plate had made its appearance would never become known abroad in the land.

I have said one never hears the bell. This is ungrateful, for have I not had one patient and my plate has only been up a week Forgive me, kind reader, if you are bored by my relating the story of my first patient.

I know experienced G.P.'s will forgive me; and you gay and festive House Surgeons, Charities and House Physicians, whose training in some mysterious way convinces you of your own superiority over the rest of the medical profession, and whose lofty minds look forward to nothing less than consulting practice and a place on the staff, may scoff and say "Was the GAZETTE intended for this?" or perhaps charitably "Poor fellow, I wonder if his friends know." I forgive you; I have been through the superior stage myself. You will feel for me in your old age when from bitter experience you have found out a patient does not turn up every day, and that the visit of your first patient is an event to be remembered a life-time.

After some days of patient waiting, like a spider for a fly, looking up anxiously at every click of the gate only to discover the butcher's or the baker's boy, I had just finished my breakfast and was reading through the *Standard* for the second time when the gate clicked and my anxious eye spotted a man making straight for the front door. The bell rang, and soon I had a patient seated in a chair opposite mine. I made a hard struggle to appear as though this was quite the usual thing with me, but such was the state of excitement into which his appearance had thrown me that I found myself prescribing for him almost before he had opened his mouth, and in the end sent him to the chemist with the prescription only half written (happily the chemist was a man of sense and saved my reputation).

Poor man, he had been up the river the day before, and had woke up in the morning feeling sick and shaky, with no appetite for his breakfast. His tongue was furred, flabby and tremulous. Perhaps it was the heat of the sun, perhaps the refreshments. I thought the latter, and the effect of treatment was most striking. He promised to see me again the next morning, but never turned up. I modestly leave your readers to draw their own conclusions.

W. F. C.

CULTIVATION EXPERIMENTS WITH THE BACILLUS LEPRÆ.

BY BEAVEN RAKE, M.D.

These experiments can be classified under the following three heads:—

1.—EXPERIMENTS IN NUTRIENT MEDIA.
2. - EXPERIMENTS IN LIVING ANIMAL TISSUES.
3.—EXPERIMENTS IN PUTRESCENT SUBSTANCES.

The results have been noted from day to day, and tables have been compiled from the record thus made. Some of the experiments extended over nearly four years.

1.—EXPERIMENTS IN NUTRIENT MEDIA.

The tubes were kept at the ordinary tropical temperature, the average here being 79° Fah. for the twenty-four hours. Control experiments were made to test the sterility of the tubes These, when kept for a considerable time without inoculation, showed contamination in a very few instances. The serum used was taken from lepers, as it was thought that bacilli might possibly grow more readily on it than on non-leprous serum.

The Media used were—

Solid: (1) Blood serum. (2) Serum from chest, abdomen, or tunica vaginalis. (3) Serum mixed with 1 per cent. agar, and gelatine. (4) Serum and agar. (5) Serum and gelatine.

Liquid: Ascitic fluid.

The materials used were—

(1) Fragments of cutaneous tubercle. (2) Tubercles from lung. (3) Pieces of viscera. (4) Pieces of femoral gland. (5) Pieces of thickened nerve. (6) Serum from blebs. (7) Blood during acute leprosis. (8) Fragments of cultures from the above.

The growths observed may be briefly described thus:—

(1) A whitish growth like drops of oil paint. (2) A smooth oily-looking canary-yellow growth. (3) A salmon-coloured growth. (4) A faint white growth giving a green tinge to the serum. Besides these common mould was often accidentally present.

Under the microscope these growths showed the following:—

(1) Cocci. (2) Micrococci. (3) Streptococci. (4) Large rods. (5) Small rods. Nearly all these growths were tested with magenta and nitric acid. In four cases more or less stain was retained after the action of the acid.

In two of these cases the growth was yellow in colour; in one like drops of oil paint, and in one, smooth, shining, and white mixed with a salmon-coloured growth in one part. There was not therefore any constancy in the naked-eye appearances of the growths, which retained some colour, nor did they differ from many other growths which did not retain colour. No reliance can therefore be placed on these four cases. Probably the acid was more diluted than usual, or did not gain access to all parts of the growth. Many of the fragments of tubercle were removed during acute leprosis, as it was thought that possibly the bacilli might grow more readily if planted at that time. No difference was, however, noted in the behaviour of these pieces; similar growths took place when the material was removed during a normal temperature.

In order to investigate the question of the nature of the tubercles in the lungs, so often found in leprosy, I inoculated several tubes with these tubercles. I however, did not succeed in getting any of the bacillus tuberculosis. This of course is negative evidence, but so far as it goes it would tend to support Arning's view, that the phthisis so common in Leprosy is due to invasion of the lungs by the *bacillus leprœ*, and not by the bacillus tuberculosis.

As a matter of fact, in the phthisical lungs of lepers which I have examined, I have found very few bacilli of any kind. This may however be due to the fact, that pus or sputum was more often examined. It is well known that in rapid phthisis the number of bacilli does not keep pace with the destruction of tissue. A whole lung may be very rapidly excavated in leprosy.

Inoculations of guinea-pigs with portions of the growths gave negative results.

Solutions of some of the cultures were also injected into the cutaneous tubercles of a leper; beyond superficial ulceration no antagonistic effect was produced. The organisms found were precisely identical with those found by Ballance and Shattock in their cultivation experiments with cancer and healthy tissues (Pathological Society's Transactions, vol. xxviii. p. 438). As in their cases I think that probably all the growths I observed were due to accidental contamination. This view is supported by the fact, that cultivations from tubercles taken from the phthisical lung of a non-leprous subject resembled those from the phthisical lung of a leper. The bacillus tuberculosis was not satisfactorily seen. In some cases also no growth at all took place, the cutaneous tubercle remaining unchanged on the jelly. Most of the growths examined appeared to belong to the staphylococcus group.

This enquiry was already far advanced when Bordoni-Uffreduzzi announced his successful cultivation of the *bacillus leprœ*. (Zeitschrift für Hygiene, October, 1887.) I am not aware that his work has yet been confirmed.

(To be continued.)

ANCIENT HINDOO SYSTEM OF MEDICINE.

Prize Essay by BAMAN DAS BASU.

(*Concluded.*)

Practice of Physic among the Hindoos.

According to the Hindoo physicians, a disease is the manifestation of derangement in the harmony of the three humors. Thus they classified diseases by the increase or diminution of one or more of the humors—as bilious, phlegmatic, windy, or bilio-phlegmatic disease, &c., &c.

Another classification is founded on the division of diseases into hereditary and acquired. But Charaka and other authors consider diseases under four classes, viz.—

1. *Accidental diseases.* — *e.g.* Surgical injuries and diseases produced by some poisons.

2. *Bodily diseases.*—Resulting from eating and drinking improper articles of food which thus derange the three humors.

3. *Mental diseases.*—Produced by the derangement of the mind.

4. *Natural diseases.*—*e.g.* Appetite, thirst, sleep, death, &c.

The description of the diseases is very satisfactory and distinct. Every disease is described with the enumeration of its causes, situation and humors deranged. They lay great stress upon the diagnosis. The nature of a disease is ascertained by the appearance of the countenance and tongue; by the feel of the pulse and bodily heat; and by questions embracing the temperaments and history of the disease. The Hindoo physicians profess to know every disease from the state of the pulse. According to them, the pulse ought to be felt by three fingers for ascertaining the state of the three humors. The old medical authors also enjoin the practitioner to examine the urine and the tongue of the patient.

It may be added here that great stress is laid upon the practical instructions of the practitioners. Thus *Inshruta* says that "a practitioner who is only versed in books will

be alarmed and confused, like a coward in the field of battle, when he is called upon to encounter active disease. He who rashly engages in practice without previous acquaintance with written sciences will be entitled to no respect from mankind and merits punishment from the King. Those men who from the ignorance of the human frame, venture to make it the subject of their experiments, are the murderers of their species He alone, who is endowed with both theory and experience, proceeds with safety and stability "like a carriage with two wheels."

The prognostics of the Hindu medical writers are also very peculiar. According to them the terminations of the diseases depend upon various circumstances in each particular case, which are obtained from the messenger sent, collateral circumstances and from the symptoms of the disease. The future results of a disease is known by certain symptoms just as the future fruit by the flower. They came to know by experience the critical periods and durations of the acute specific diseases, and even to this day the Hindoo physicians give a very good prognostic in cases of typhoid fever, smallpox, and such other diseases.

Their general treatment of diseases was also peculiar to them—based on their humoral pathology. A disease being the result of an increase or diminution of one or more of the three humors, remedies were divided into classes supposed to increase or decrease these humors. Thus in diseases in which any humor was supposed to be increased, they enjoined total abstinence from food, advised emetics and drastic purgatives in order that such increased humor may be expelled from the body. Bloodletting in such instances is also recommended by them.

In diseases resulting from decrease of a humor, a stimulating plan of treatment is adopted. They also pay great attention, in the treatment of a disease, to the regimen of the patient and his surrounding hygienic circumstances.

Conclusion.—From the brief sketch given above, we see that we can hardly learn a single scientific fact from *Charaka*, *Sushruta*, or *Dhanwantaree*, which has not already been discovered in this nineteenth century. Our system of anatomy is no more in a state of infancy. Physiology, chemistry, nay, all the different branches of knowledge that contribute their quota to the formation of the medical science, are making rapid strides every day to reach the goal of perfection. And here the ancient medical authors cannot add anything to the furtherance of these sciences. But a careful study of the master minds of Ancient India can teach us something still. We shall see, from studying and comparing them with our present state of knowledge, the causes of their failures. They present to us a spectacle of great intellects working at medicine with hardly any substratum of scientific knowledge to guide their inquiries or explain their results. Nevertheless, the spirits of those hoary sages can guide us in advancing our art. India has furthered not a little the medical art. I do not refer to the past,—when the Hindoo physicians adore the courts of the rulers of Bagdad, or when their skill exacts admiration from the great Macedonian conqueror and his fastidious followers. Even in modern times the West has gained the knowledge of the therapeutic values of many vegetable drugs from India. "Quite recently," writes Elphinstone, "they (the Hindoos) have taught us the smoking of *datura* in asthma, and the use of cow-itch in intestinal worms." The world is indebted to India for the rhino-plastic operations. Undoubtedly then we can derive much benefit from the clinical experiences and observations of the ancient Hindoo medical authors.

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LANOLINE.

Some calculations have been made of the vast amount of wool-fat or oil which is annually washed away in streams during the time of sheep shearing. The figures, of course, run into millions upon millions of pounds in weight.

It is only in recent years that any attempt has been made to practically utilise this, and thus prevent a prodigal extravagance. Professor Liebreich, of the University of Berlin, believed that this fat from the sheep's wool could be turned to a good purpose. He observed that, contrary to ordinary fats and oils, it was miscible with water, and took advantage of this peculiarity in his experiments to obtain it in a pure state. He reasoned that a fat obtained from wool would be more readily absorbed by the skin and hair than that

obtained from other sources. This argument he afterwards found to be true in fact, and that the wool-fat was readily absorbable by the skin and hair. Scientific experiments satisfied him that when properly purified it was free from irritating qualities, even when applied to the most delicate skin.

Professor Liebreich ascertained that wool-fat differed in composition from other fats in the absence of glycerine, and in the presence of cholesterine, and, moreover, discovered that the specially purified wool-fat known as Lanoline was not capable of becoming rancid, and Gottstein, a disciple of Koch, the bacteriologist, has stated that no germs of disease could grow in it. These peculiarities, coupled with its additional advantage of absorbability, were found to constitute Lanoline the best possible basis for ointments. Medicated applications to the skin, as ordinarily prepared from lard and other glycerine fats and oils, always become rancid in a short time, and sometimes cause skin diseases worse than those they are intended to cure. The penetrating properties of Lanoline are such that ointments prepared with it should not be made so strong medicinally as if the usual lard basis were employed; mercurial ointment for instance, is only made one-half or one-third the ordinary strength. It is particularly suitable for the inunction of medicaments which are soluble in water, as iodide of potassium, solid extracts, alkaloids, and so forth. Also in ointments and plasters of lead and mercury, oxide of zinc, iodoform, arsenic, carbolic acid, salicylic acid, ichthyol, and so forth. The preservation of any ointment may be insured by making it with Lanoline, mixed with say about 20 per cent. of soft paraffin or vaseline. This addition is desirable for the reason that Lanoline itself is of a rather tenacious character, and requires to be diluted in order to make a smooth and soft ointment.

Lanoline is prepared by frequently washing and churning the wool-fat with water and other cleansing agents, the separation of impurities being effected by centrifugal power. It is supplied in the anhydrous form, and also as ordinary Lanoline which contains about 25 per cent. of water. The Anhydrous Lanoline will readily absorb twice its weight of any aqueous fluid by trituration, or by being rubbed upon a slab with a spatula. It is recorded in history that the ancients employed wool-fat as cosmetic under the name of Œsypus, which they highly esteemed as a nutritive emollient to the hair and skin. No doubt it would have been much more highly prized if it could have been obtained in the fragrant white and agreeable form in which it is presented in the toilet preparations now manufactured by the aid of scientific skill.

The application of Lanoline to the skin with a little friction is followed by complete absorption, and its effect is to keep the skin soft and elastic. For this purpose the Lanoline Cold Cream, an admirable remedy in cases of burns, cuts, abrasions, &c., as supplied by chemists, is preferable.

ENGLAND TO THE CAPE.

By J. F. BRISCOE.

Of all voyages for recruiting one's health this is, *par excellence*, the most convenient and least expensive, considering the duration of the voyage there and back and the stay at the Cape. The overworked and broken down professional or business man will find this trip more desirable than the voyage to the Mediterranean. The two companies, the Donald Currie and the Union Line, give excellent accommodation, and there is less bustle and hurry than on the P. and O. boats rushing to India. The voyage, including the delays at Lisbon and Madeira, and a stoppage of 10 days at the Cape, can be conveniently done in 54 days, less than two months from the time of leaving Southampton. On arriving at the Cape the health seeker will leave the town at once for one of the Suburbs. At Coghill's Hotel, Wynberg, a few miles out of Cape Town, he will find a pleasant rendezvous and centre where he can make excursions. He should rest a day or two after quitting the ship, and if he has not secured a return passage in the same ship should do so at once. It is always well to take the return ticket in England, but it does not necessarily follow that you should return by the same steamer of the Company. For an ordinary 1st saloon return, one berth, the fare is £63 10s.: and for hotel expenses, sight seeing and other incidental expenses, £20-30 will be sufficient for a stay of 10 days at the Cape. Let me remind "Guyites" that deck cabins are always more comfortable and less stuffy than saloon quarters, and they are eagerly sought after. It is pleasant to have a friend or companion travelling with you, unless you do not mind sharing a cabin with another passenger, otherwise you will have to pay extra for the whole cabin. You must cut your cloth according to your purse, and if you go in for purchasing curios, etc., the money soon melts.

Inexperienced travellers are recognised by the wary public, for we at home know well how some foreigners' pockets are rifled, yet the Englishman is less of a rogue than his American cousin. Out of the £30 pocket money there will be £2 steward's fees, and perhaps £1 or £2 if you should go ashore at Lisbon and Madeira. I should certainly advise you to get on terra firma at these places, for it is a pleasant change if you feel up to it.

Leaving the first few days of our voyage unrecorded, except mentioning the fact that it was a little rough in the Bay of Biscay, we are now anchored off Lisbon in the Tagus. We have found the little world on board ship like the big world ashore, and perhaps we have made some acquaintances, for this is the 4th day since we left Southampton. A party of us go ashore and rush the town in five hours. We shall see a host of tawdry churches, the orphan school of St. Gerenemo containing the ashes of Vasco de Gamo, and the well-arranged dormitories for the children which number 496. The peculiar fisherwoman, "varina," and the sleepy looking oxen drawing solid wooden-wheeled carts attract our attention, but the place of note at Lisbon is the tombs

of the Kings and Queens. There is sufficient post-mortem odour here to remain in one's nostrils ever after. The last king is arranged or embalmed in a long portmanteau-shaped trunk like the rest of the old Kings and Queens, and he is on view, a glass lid covering the top of the coffin. On mounting the steps and gazing into the coffin through the glass cover, some part of the face and the epaulettes will be recognized. This illustrious person is dressed in full uniform, but owing to an inch or more of thick mildew covering the corpse, it is impossible to discern his attire. An infant Princess is in a similar condition close by. The sanitary authorities in the town are certainly behind the times. We must now get on board ship and continue our trip, and if we have lunched at Lisbon, I hope there has been no difficulty in the arithmetical calculation of reducing "reis," 1000 or more to English currency—12s. will cover the expenses for each in this visit ashore.

Since we left Lisbon we have been enjoying the ozone and perhaps the society of some pleasant passengers—in my trip I happened to meet a very pleasant well-known London oculist and his wife. We have perhaps attended or assisted at an entertainment or concert organized by a committee of our little world. This is the 6th day since we left England, and our excellent ship the s.s. Athenian (Union Line) is now steaming into the bay of Funchal. We have anchored for a few hours, and, surrounding us are numerous boats containing thick set bronze-coloured boys up to the age of 16 These creatures appear to be "amphibious," they pick up coins out of the sea, thrown to them from the deck, as quickly as a fish takes the bate—they dive with the rapidity of a cormorant. Another trip, similar to our last, can be taken ashore at this island of Maderia for 12s. Miles' hotel and the adjoining lavish vegetation will attract us, and here an excellent breakfast and other comforts can be obtained. We shall partake of the luscious fruit "loquat," and make a trip from this comfortable hotel to the Convent and back. The ascent is either done walking or preferably in a waggon sledge drawn by oxen —it takes one hour and you will notice the luxuriant soil on the way. On reaching the Convent the same tawdry hangings will be seen as those in the churches seen at Lisbon. Resting awhile and perhaps quenching your thirst with that excellent wine "Madeira," 3s. per bottle, you descend in a basket taboggan to Miles' house—this journey is performed in an incredible period 7-10 minutes. Rider Haggard compares this ascent and descent to that of "Majuba Hill" in which the Britisher took five hours to get up, but, according to his own forcibly told story, came down again with an almost incredible rapidity. The sledges at Maderia are peculiar, on the principle of the bullock car, with the difference that they travel down the smooth stone-paved road ways by their own momentum, guided by two skilled conductors, each with one foot naked to prevent him slipping, who holds the ropes, and when the sledge begins to travel more quickly than they can follow, mount upon the projecting ends of the runners and are carried with it.

(To be continued.)

Sport.

CRICKET.

GUY'S HOSPITAL 2ND XI. v. MILL HILL SCHOOL.

Played at Mill Hill on June 8th. We turned out with only 8 men, and found that, contrary to arrangement, we were to oppose their first 11; so, under the circumstances, defeat was scarcely to be wondered at. J. Jewell took 6 wickets for 39 runs. Steele was unfortunately run out when well set.—Scores:—

MILL HILL SCHOOL.

	1ST INNINGS.		2ND INNINGS.
F. W. Pearson, b Jewell	8	b Creswell	28
P. F. Wilson, l b w Jewell	33	c Wilks, b Jewell	30
F. H. Nimmo, b Jewell	22	c Wilks, b Webber	11
F. D. Gray, b Creswell	0	l b w Creswell	6
K. Pearson, b Creswell	2	b Webber	7
A. F. Todd, c & b Jewell	8	not out	2
Mr. Edminson, c Webber, b Creswell	3		
Mr. Jackson, b Jewell	0		
D. T. Macgregor, c & b Jewell	12		
M. Alabone, b Creswell	0		
A. B. Robinson, not out	0		
Extras	9		
	97		84

GUY'S HOSPITAL.

W. H. Jewell, c K. Pearson, b Edminstou	1
W. K. Steele, run out	19
E. J. Lang, b Wilson	3
W. G. Mumford, b Wilson	0
S. C. Cresswell, b Edminson	2
H. L. E. Wilks, b Pearson	0
H. W. Webber, not out	7
J. W. Jewell, run out	2
T. H. B. Yorath, b Pearson	8
Extras	3
Total	45

Advertisements.

LECTURES on PATHOLOGICAL ANATOMY

BY

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Consulting Physician to, and formerly Lecturer on Medicine and Pathology at, Guy's Hospital, and the late

WALTER MOXON, M.D., F.R.C.P.,

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Guy's Hospital Gazette,

JULY 6, 1889.

CLINICAL LECTURE ON ANEURYSM OF THORACIC AORTA.

By the late DR. WOOLDRIDGE.

Frank Nickell was admitted into No. 8 John on May 20th; by trade a stoker in a steamer, and at present driving a steam crane at Woolwich. His life has been a laborious one. No history of syphilis or alcohol. Family history good. Rheumatism 10 years ago. Patient complained of acute pain passing round from epigastrium across left axilla to left scapula, and very acute between shoulders, never passing into neck or arm. Slight dysphagia, wasting marked, no dyspnœa. Patient looked worn, and appeared to suffer much. Voice not affected. No cardiac dulness. Systolic bruit at base and apex, no diastolic bruit. Between left scapula and middle line of back a large tumour was found, slightly projecting, pulsating with the heart, tender, and measuring some $3\frac{1}{2}$ by $3\frac{1}{2}$ inches. Ribs over it absorbed. No bruit. Right radial pulse fuller than left. The pain complained of began 20 months ago, and the pulsating swelling was first noticed about a month ago. There is no paralysis.

After noticing that the patient's laborious occupation accounted for his disease, and that the position was a rare one, Dr. Wooldridge spoke of the causes of thoracic aneurysm.

1. *Atheroma*: occurring in men rather than women, and in labouring men whose occupations entailed heavy work. Real cause of atheroma little known; many people have bad arteries, and yet do not suffer from aneurysm.

2. *Syphilis*: probably due to syphilitic arteritis.

3. *Embolism*: as from cardiac vegetation, the aneurysm forming at the occluded spot. We often see multiple aneurysms, so that some speak of an "aneurysm diathesis." Possibly emboli from *one* sac may start new aneurysms *elsewhere*.

In thoracic aneurysms the wall of the sac consists of the condensed tissues in the neighbourhood, and not of the arterial walls, and is therefore called a false aneurysm.

INDIRECT SYMPTOMS.

Pain worse after exertion, often referred down to roots of cervical and brachial plexuses.

1. *Dyspnœa:* often agonising, only to be relieved by blood letting. May be due to
   (*a*) Pressure of sac on bronchus, or on lung itself, or trachea.
   (*b*) Consolidation of lung. N.B.—The laryngoscope has before now shown a pulsating tumour projecting into trachea.
   (*c*) *Interference with Vagus*: this may affect the air vesicles themselves, *e.g.* asthma, or by paralysing the recurrent laryngeal cause inspiratory dyspnœa.

3. The *Voice* may be affected, becoming brassy; the left cord being paralysed, the two are at different tensions, and therefore vibrate unequally.

4. Ringing brassy *cough*, often with hæmoptysis; latter not due to rupture of sac.

5. *Pupils* are affected through irritation of sympathetic (contraction) or paralysis of the same (dilatation). Left pupil generally affected, and in order to affect this, the sac must reach at least to first dorsal nerve.

6. Difference in *pulses at wrist:* this may occur in cardiac disease.

7. *Hiccough.*

8. *Dysphagia.*

9. *Malnutrition:* usually general, possibly depending on interference with thoracic duct.

10. Pressure on right heart and pulmonary artery, causing œdema, &c., and often masking the aneurysm.

11. *Paraplegia:* rare, and due to pressure of sac on cord after destruction of vertebræ.

Direct Symptoms.

1. Dulness.

2. Pulsating tumour: a solid thoracic growth might cause this.

3. Thrill (base)

4. Bruit; nearly always systolic. Diastolic bruit often means a transmitted cardiac sound.

5. Delay in radial pulse: of no great clinical value, useless in early stage when aneurysm is small.

Locality.

Generally the arch of the aorta and commonest in first part.

First part of aorta: few pressure symptoms, presents in second right space.

Second part of aorta: many pressure symptoms, presents to right or left of sternum.

Third part of aorta: gives few pressure symptoms and turns backwards, absorbing ribs and vertebræ.

Termination.

About 50 per cent. burst, and of these only 1 per cent. externally. The usual places are:—

1. *Pleura.*

2. *Pericardium:* generally aneurysms on ascending part of aorta, often a cause of sudden death.

3. Into *lung or bronchi:* usually preceded by a good deal of trickling of blood.

4. *Oesophagus:* very rarely the blood runs down in coats of the œsophagus, and bursts into Peritoneum close to stomach.

5. *Posterior Mediastinum.*

Prognosis: bad. The patients die sooner or later, and more often sooner than later.

Diagnosis.—Two classes of Cases.

1. *Insufficient symptoms.* Here such signs as the pulse, dulness, dyspepsia, &c., &c., and especially the pain after exertion (Moxon) must be balanced.

2. *Pronounced symptoms.* Here it must be distinguished from thoracic growth, latter likely in females. Examine the lymphatic glands elsewhere for thoracic tumours are very often lymphadenomatous. *Tumours* often cause œdema and pleuritic effusion. Dont forget that an empyema may pulsate. Greatest danger lies in overlooking an aneurysm. With aortic disease always remember that aneurysm kills suddenly more often than aortic disease.

An aneurysm is a malignant spreading disease, it will make short work of both ribs and vertebræ, which very few solid tumours can do. It is not the *pressure* which does this. Most thoracic aneurysms are coated with more or less extensive laminated clot, except at one spot where the wall is composed of the tissues around. There is no lining "intima." Hence at this spot the *plasma* of the blood enters the tissues, and, unlike ordinary serum which has exuded through capillary wall, it has a very powerful effect on the tissues it touches, and sets up a sort of "necrotic process" (Ziegler), and hence can destroy any tissue, however hard.

Treatment.

Distal ligature of carotid and subclavian may cure an aneurysm of innominate involving the aortic arch. Perhaps it acts by interfering with the "eddy" of the blood in the sac, and also protecting the weak spot above mentioned.

2. *Valsalva and Tufnell:* of *very* doubtful utility. Starving a patient *certainly* makes the blood *less* likely to clot; while feeding, especially with fats, acts the other way.

3. *Potassium Iodide* also doubtfully useful, but generally given, and said to specifically induce coagulation.

4. *Rest* all important, in spite of Dr. Wilks' assertion that aneurysms invariably burst when patient is in bed and at rest. Rest will often reduce the volume of sac by half.

Indications for treatment then appear to be cod liver oil, iron, pot. iod, and rest; and possibly distal ligature.

HYSTERICAL DEAFNESS.

By A. H. WILLIAMS.

Deafness due to hysteria is uncommon—so uncommon, indeed, that it has escaped the notice of all those whose works I have been able to consult. This case may, therefore, be of interest.

If a case presents itself which can be explained on no other ground than that of hysteria—in which no organic lesion is evident—which, resisting all other remedies employed, yields readily on the exhibition of anti-hysterics, such as valerian, assafætida, &c., are we justified in concluding that the case is pure and simply one of hysteria? If so, the diagnosis that was made in this case is correct.

The diagnosis of an affection being probably hysterical in origin, after the elimination of all other possible causes, is, I suppose, a perfectly justifiable and scientific process, especially if the affection be apparently of nervous origin; but to exclude all other possible causes is seldom easy, and not unfrequently impossible. In such cases it may be indispensable to have recourse to that least scientific of all methods of diagnosis, the appeal to experiment—the exhibition of a drug for the purpose of diagnosis.

It is well known that emotional influences may play a large part in the destruction or suspension of the functions of the organs of special sense, and amongst them of that of hearing. Little is known of the pathology of hysteria. Dr. Buzzard says: "It would seem that there is a disturbed or congenitally defective condition of the cerebral substance, involving in all cases the highest nervous centres"; but he does not proceed to suggest what is the nature of this defect. Dr. Fagge admits that hysteria is the expression of a "special morbid condition," but adds that the causes are still "under discussion." Other writers point out its relationship occasionally to chorea, and plunge us in the mists which envelope the pathology of that disease, and conclude by suggesting that hysteria is a "functional disorder of the nervous system the anatomical seat of which is unknown."

If there is a "congenitally defective condition of the cerebral substance," it is difficult to explain the instantaneous removal of all symptoms under the influence of strong emotion, or by the use of such drugs as valerian, assafætida, musk, castoreum, &c.

In what way these drugs act in hysterical cases is still enigmatical. Dr. Whitle suggests that in the case of valerian the benefit derived is "owing to its diminishing the irritability of the terminations of the sensory nerves throughout the body," but this is obviously not a sufficient explanation to cover all cases. That they do good is matter of common experience; it cannot be always by reason of their powerful odour, because frequently the patients actually enjoy the foul smell. And taking the case of valerian, that it is not due to the compound with which it is mixed may be demonstrated by the good effect following the exhibition of the valerianate of zinc, where the oxide of zinc has failed, or, of course, by giving the drugs singly, and not in combination.

CASE.

Jane S., æt. 42, single, healthy bodily, good family history; is suffering from passive melancholia of about three years' duration. She

sleeps well without narcotics; she takes her food well; is not constipated; but makes no progress towards recovery. It is about the time of menopause; she masturbates; has sinned the unpardonable sin; has attempted suicide twice; is quite rational on all subjects save that of her egregious wickedness; has hallucinations of hearing; is jealous, spiteful and crafty. She is of rather a stolid type, occasionally only goaded into suppressed, rather than noisy, emotional paroxysms. At one time, as is usual in these cases, she suffered from constipation; this was, however, successfully relieved. She takes abundance of walking exercise, and employs her time with needlework.

For the last fifteen months or so she has been absolutely deaf with the right ear. The deafness came on suddenly, and persisted. On examination, there was no cerumen, the drum was quite healthy; no perforation, polypus, or other evidence of disease. Never had a discharge from the ear. The Eustachian tube was quite free, and the throat normal. She could not hear a watch placed over the ear, mastoid cells, or temple.

It seemed to be of some importance to attempt relief if possible, since her mental condition appeared to be aggravated by the deafness—she imagined that everyone was speaking ill of her. It is a common observation (to quote Mr. Dalby) that "habitual and obstinate constipation is sometimes attended with loss of hearing, which returns after the action of purgative medicine." I, at first, thought that constipation might be the cause; nevertheless the deafness persisted, though the bowels were opened daily freely.

Dr. Blandford says: "Almost every variety of insanity may present in certain patients features which are commonly known and termed hysteria."

She was now, in view of the origin of the deafness being possibly due to hysteria, ordered a pill containing the valerianetes of zinc, iron and quinine gr. i. a.a. t.d.s. In a fortnight she could hear a watch at the distance of 1½ in. from the ear, and also when placed on the head. In a month she was quite recovered, and has continued cured for three months.

She exhibited no other signs of hysteria, nor can I elicit from her any history of it. Hysteria is apt to develop at the time of the menopause, and this, with the hallucinations of hearing, were together, I suppose, sufficient to cause the attack. Whether the deafness was instrumental in causing the hallucinations, or the hallucinations of hearing determined what organ should suffer from a derangement of function, I do not know. She complained of the pills being "awfully nasty," but subsequently grew quite attached to them. There is something almost uncanny in using a drug effectively and yet to remain quite in the dark as to how it has worked the good effect.

The sequel of the case is that she indulges in the bitterest invective against me, because now she can hear the conversation around her, from which she learns how immeasurably more wicked she is than the rest of her fellow creatures!

ENGLAND TO THE CAPE.

By J. F. BRISCOE.

(Concluded.)

The panoramic view from the Convent at Madeira is similar to other exalted panoramas, and the volcanic island itself is very pretty to behold. Madeira is still used as a resort for consumptives, but it is being more and more used and appreciated as a quiet resting-place for persons out of health generally, harassed business men requiring a change, etc.—certainly the accommodation and the scenic beauty is an inducement to linger here awhile.

We are now steaming along averaging fourteen knots per hour and are among the Canary Islands—the sugar-loaf peak of Teneriffe is partly hidden in the clouds, but we see it capped with snow.

I should like to remind our readers that now-a-days there are very few "songsters" in these islands. The rest of the voyage will take 15 days, and, during this time, we hope to have pleasant board-ship life; we shall not see land again till we reach the stately "Lion"

couched on Table Mountain. Our course will be eastwards of the Cape de Verde Islands, Ascension and St. Helena.

We left England on April 5th, 1888, and to-day, April 12th, we have inaugurated a Committee under the Presidency of the Captain. Two of us have been very energetic of late seeking the "talent" on board, and now we have formed our Cabinet—we have secured the services of a treasurer, secretary, musical director, and a tennis and cricket club manager; there have been differences of opinion but our wise committee have settled these. Sunday 15th: for the last few days our evenings on deck have been pleasant and starry; the phosphorescent ocean is well marked, but our naturalist cannot secure for our examination examples of the Medusidæ—we are steaming too quickly. The Southern Cross was noticed this evening, L. 10·4 N., Long. 17·2 W. It is not much to look at, four stars arranged like a boy's kite. 16th: We are in the "doldrums," caused by the vacuous space between the N.E. and S.E. trade winds. This is a meterological conundrum, but the commingling of the N.E. and S.E. trades counterbalance each other, lose their motion and cause the calms, squalls and variable winds known as the equatorial doldrums. The general theory of "wind" depends on two factors, heat and the earth's motion.

We visited the engine room yesterday and everything was spick and span but it was very hot—it was refreshing to stand under the "wind sails" close to the big fires. There is a form of "syncope" which fire-men suffer from owing to this intense heat, and apart from any indiscretion in diet. It is a condition of "coma," in which at first the patient is faint, with the usual signs of syncope. After reclining on deck in the position for syncope, the pulse becomes very slow, 40, but full, and the patient is quite insensible. After a deep sleep he recovers completely without the aid of drugs.

20th. There have been cricket matches, tennis tournaments, musical entertainments, and the "ship's sports" for this outward voyage—we have crossed the "line," and are between Ascension and St. Helena. A Guyite certainly distinguished himself the other day and carried off the prizes for the bun-race and the potatoe-race. A passenger handed a flying-fish to our naturalist which had alighted in his cabin through the port hole. A post-mortem examination and a dissection was made of this delicate fish, subsequently a longitudinal half of it was preserved by our taxidermist and fixed with outstretched wings in the natural attitude on to a board—it is now in the Cape Town museum. We have, in a previous number of the GAZETTE described the Exoccetus Volitans.

22nd. Our trip is proving very enjoyable, and we have an exceptionally nice crew of officers, and certainly we ourselves, "the passengers," are a remarkably happy family. It is indeed exceptional, but our committee has proved itself to be most reliable and courteous to all. The various entertainments and social gatherings have given entire satisfaction, and certainly our treasurer has arranged the tennis and cricket clubs to the wishes of our younger members. The whole of our deck fore and aft, starboard and portside, has been covered with netting, so that we can "drive" as hard as we like without losing cricket or tennis balls. We have been perfectly occupied in mind and body, and have read and improved our knowledge in more ways than one. Our minds have been broadened, and we assuredly have got a further insight into human nature—many things have surprised us. 24th. To-morrow, if all goes well, this outward voyage will be completed; we must begin to pack up. Taking this trip altogether we have had fine and smooth weather all the way.

25th. 11.25 p.m. anchor dropped in Table Bay, after a most enjoyable trip. For three weeks we have been undisturbed by the morning "post" papers, business or professional cares—we are different beings. Now we are going to leave well alone and not overtax our "mended strength" by too much sight-seeing.

I intend to go to Wynberg at once, for Cape Town is very enervating. I have already talked about the Cape, and before I conclude will mention a few places worth visiting to him who has only ten days at his disposal. The museum, botanical gardens and Parliament buildings, and the South African Turf Club at Kenilworth, just outside Cape Town. A meeting may be on while you are here, and a glimpse of the beau-monde of Cape Town may thus be had at an afternoon's race. The "sight," and perhaps the financial support of our South African Colony, is the Kimberley diamond mine. The journey from Cape Town takes 35 hours by train—647 miles. and a stop should be made here for two days—a small London with all its comforts, &c., will be seen. If our health seeker is going to make a prolonged stay in South Africa he should visit Natal, and if he wishes to be quiet remain in the Orange Free State. Bloemfontein, the chief town, has the reputation of being one, if not the healthiest place, in South Africa. A pleasant way of seeing this Colony is mule-waggon camping out, and this can be easily arranged; "Blacks," mules and a waggon can be had for moderate charges—the beasts and cart can be sold afterwards. The necessary arrangements should be ascertained, and the whole undertaking settled at Cape Town before going up country.

The hotel at Cape Town is not A 1, food is indifferent and bacon is peculiarly rind-like and salt. Brown, the Crown boy, is an excellent servant, and he is seconded in his capableness by a good specimen of the maid-of-all-work, the old type of an English servant, and, although Irish, she thinks before she speaks. By all means, if you are not particular to a few more pounds, do your trips on horse-back. I trust then you invalids, the overtaxed consultant, practitioner or business man, have not been indiscreet and done too much rushing about during your sojourn at the Cape.

Now this trip is completed and you have returned to your duties with robust health, you will not be "Penny wise and pound foolish" in the future.

ANATOMY AND DISSECTION.

A HISTORICAL SKETCH.

When we consider the wonderful advance of the science and practice of surgery, almost within our own time, and see now as a matter of course that this benefit to the human race, and not to the human race only, is owing to the practice of studiously dissecting dead bodies, it must be very interesting to note the earlier and later conditions under which dissection and the study of anatomy were pursued,—at first forbidden, afterwards winked at, then tolerated, and at length ordered by authority to be done.

It does seem, at first sight and without reflection, shocking so to treat "the human form divine" as we needs must do in dissection—but it may be thoughtfully and decently done. Possibly the dogma of the resurrection of the identical body may have had something to do with the difficulty; but there has never been any difficulty in hacking it about in war, nor in disposing of it anyhow afterwards. Going back to 1683, and noting in passing the Act xxxii. Henry VIII. concerning anatomies, it was then stated that persons in London, aliens, foreigners, had obtained many dead bodies without lawful warrant, by bribing officers and dissecting in private; it was therefore ordered that no dead body should be carried from the place of execution, that being the usual or only source of supply, to any private house or other place, to be dissected, but only to a public place fitted for such a purpose, namely, the Barber Surgeon's Hall. Sheriffs were to care for this. Sheriffs refusing, it was ordered that all such officers were to "goe along with such dead body to the hall of the Company."

The sheriffs did, however, still refuse; indeed, some of them did even traffic with private persons for the bodies. Dissection was evidently not much practised at that time, and the cruelties that were perpetrated as surgical operations can be better imagined than described.

In 1714, it was notified to the Court, "that Mr. Wm. Cheselden, soon after Surgeon to St. Thomas's Hospital, did frequently procure dead bodies of malefactors from the place of execution and dissect them in his own house, so that it was more difficult for the beadles to bring away the Companies' Bodies."

It is related that in 1706 the beadle of the College in charge of the bodies was hustled by armed soldiers, who took the bodies away in coaches. It may be as well to remark, that executions were sadly common, and there could have been no scarcity if all were given up. In Rocques' Map of 1740, of which I have already spoken, a spot within Hyde Park, close to Tyburn, shows this significant inscription,—"Here soldiers are shot." The graves also, far and near, were rifled for bodies. In the St. Saviour's Vestry proceedings, 1717, is an entry, "that Wm. Dodd, late gravedigger, is charged with inhumanity and guilty of malepractices (*sic*) in carrying away the corps (*sic*) of persons buried, and disposing of them to Surgeons in order for dissection. Ordered thereupon, That said Wm. Dodd be prosecuted at the next assizes with the utmost severity the law shall direct."

1779. At Hick's Hall yesterday John Powell was tried for stealing dead bodies out of the burying ground of St. George's, Hanover Square, when he was sentenced to be publicly whipped, which was immediately inflicted.

1786. The burying ground in Red Cross Street, named Cross-bones, belonging to St. Saviour's Parish, four men, "body snatchers," or resurrection men, were at work and dug up a body and proceeded to put it into a coach and got away. A reward of 5 guineas offered.

1788. "The east side of the burial ground next the common sewer is open and easy of access to those who make an infamous and detested practice of stealing dead bodies."

So it went on, and many a midnight adventure afforded profit, and, to such men as our Crouch and Murphy, a sort of sport.

Now came about an incident, remarkable as it was noble, an effort to change public opinion. "By a will, dated as far back as 1769, Mr. Bentham (Jeremy Bentham, one of our foremost philosophers), then a young man, left his body for public dissection. The will had undergone revision two months before his death, June, 1832, and this provision was solemnly and deliberately confirmed. His body was devised to his physician, Dr. Southwood Smith, who was also his disciple and friend: he delivered at Webb Street School a public lecture over it. The skeleton and head, together with several of the organs, are preserved; the two former are among the most beautiful preparations ever made."

A STUDENT OF GUY'S IN 1830.

(To be continued).

A USEFUL SIMILE FOR STUDENTS OF HEREDITY.

It is an error to suppose that the fine distinction, in molecular composition, which physiology must assume to exist in different ova or spermatozoa, lie beyond the limits of what is conceivable by the human mind. The microscope teaches us that no difference can be perceived between one germ and another; it cannot, however, be objected on this account that the determining cause of its ulterior development must be something immaterial, rather than the specific kind of its material constitution.

The curves and surfaces which the mathematician conceives, or finds conceivable, are more varied and infinite than the forms of animal life.

Let us suppose an infinitely small segment to be taken from every possible curve; each of these will appear as like every other as one germ is to another, yet the whole of every curve lies dormant, as it were, in each of them, and if the mathematician chooses to develop it, it will take the path indicated by the elements of each segment. —PROF. EWALD HERRING, "*On Memory*."

Passim.

We learn from the Counting House that at a meeting of the Court of Committees, held on Wednesday the 26th ult., it was resolved that Dr. Pavy be invited to retain his appointment for twelve months from the above date, and that Dr. L. E. Shaw be nominated to act as Assistant-Physician in the room of the late Dr. Wooldridge, subject to the confirmation of the appointment by the General Court of Governors, to be held on the 31st inst.

The Treasurer's Medals, both for Medicine and Surgery, have been gained by Alfred Parkin. Of the fourth year's prizes, the first is taken by F. G. Swayne, and the second by J. Fawcett. Messrs. J. H. Bryant and B. W. Hogarth, have tied for the third year's prize, and therefore divide £35 between them.

We very heartily congratulate the prize winners, for in every case the reward was well earned; but we cannot help wishing that they had had a larger number of competitors to defeat. Men should remember that, in addition to the prizes, certificates of merit are awarded, which are signed by all the school staff, and are valuable acquisitions.

Mr. Parkin's success is not unique, but ties a high record. On looking up the subject, we find the same trick was done in 1869 by Mr. George Abbott, and again in 1872 by Mr. Golding-Bird. Since that date medallists have been content with a *proxime* in the sister subject.

It is not exactly known when these Gold Medals were first offered, but there is a note in the late Treasurer's minute-book to the effect, that "the Court of Governors be invited to attend the distribution of the Treasurer's Gold Medals in Medicine and Surgery, on December 12, 1864." Moreover, they were advertised for the first time in the Prospectus of that year, but with no reference to their *raison d'être*.

It is hoped that as many Students as possible will attend on Distribution Day, the 11th inst., so that all years may be properly represented. Arrangements are to be made on a much larger scale than last year, and the occasion cannot fail to be interesting to visitors. Early application should be made for extra invitation cards for friends, to which all Students are entitled. "Come, and welcome," is the motto.

We offer our congratulations to Mr. John David Cruickshank, M.R.C.S., L.R.C.P., on his appointment as Resident Medical Officer to Bright Ward.

The Guy's Dental School is now marked as an accomplished fact by the issue of the prospectus, which forms a yellow book of considerable dimensions. We have previously published a list of the new Staff, consisting of twelve gentlemen whose names are a sufficient guarantee of the future efficiency of the School. The scheme, as was to be expected, has been the subject of much outside discussion, but there can be no doubt that the dental profession will greatly gain by the establishment of such a school in a large general hospital. Specialization, we know, is necessary to development, but it should be accompanied by co-ordination; differentiation and integration should progress together. So, in the vast domain of the healing art, specialization must continue to increase, but it becomes only the more desirable that the various branches should keep in touch as much as possible.

The name given to the stopping room of the Dental Department has excited remark. The printer thought it ought to be "Conversation Room," but this is most unsuitable, as anyone must know who has ever gone through the stopping process. On the other hand, "Conservative" has now been so long associated with a policy destructive of rights, that we have quite forgotten its original meaning.

LAST week Mr. Clement Lucas opened the abdomen and ligatured the common iliac artery through the peritoneum for a large and rapidly increasing aneurysm of the external iliac. This adds another to our long list of successful surgical innovations.

THE interest in the Election of Members of Council at the College of Surgeons has been exceptionally keen this year. There were three vacancies, which have been filled by Messrs. Hulke, Heath and Howse. Guy's can now claim four Members—a fact of which we may be justly proud.

APPOINTMENTS.

At a meeting of the Executive Committee of the Council of the Royal Naval School, held on Friday, the 28th June, the final selection of a candidate for the post of Medical Officer for the above Institution was made, when the choice fell upon F. G. LARKIN, L.R.C.P., Edin., and M.R.C.S., Eng., &c. Of the several applicants two, both Guy's men, were originally selected, with the above result. The Royal Naval Schools are about to be removed from New Cross to the neighbourhood of Grove Park (West Chislehurst Park), Kent.

BROWN, A. T., M.B., B.S., Lond., House-Surgeon to Guy's Hospital.

CUFF, H. E., M.B., B.S., Lond., House-Physician to Guy's Hospital.

GARDNER, E. F., M.R.C.S., L.R.C.P., House-Surgeon to the Torbay Hospital.

KINGSFORD, E. C., M.R.C.S., L.R.C.P., Senior House-Surgeon to the Bolton Infirmary.

MEARES, A. L. D., M.R.C.S., L.R.C.P., House-Surgeon to Guy's Hospital.

MOSS, E., M.B., B.S., Lond., House-Surgeon to Guy's Hospital.

SILK, J. F., M.D., Lond., Anæsthetist to the Queen Square Hospital.

A CELEBRATED surgeon was wont to tell how in his early days he was once asked by a brother student to come down into the country and remove a lipoma, the size of a pigeon's egg, from a gentleman's back. With his usual attention to details he took with him the dressings ready cut. When all was ready, and the patient under chloroform, he examined the tumour and found it, to his horror, to be a diffuse lipoma as big as his hand. Turning to his friend, he whispered reproachfully, "I thought you said it was no bigger than a pigeon's egg." "Oh! did I" said the unabashed "are you sure I didn't say 'poached,' I believe I did.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

THE MUSICAL SERVICES AT GUY'S CHAPEL.

SIR,—All through my life I have taken a special delight and interest in Church music—from the little village choir of, alas! so many years ago to various posts of honorary choirmasterships, and other vocal connections with the leading choral societies of London. For several years past, too, accustomed to assist as a deputy in the professional choir of Westminster Abbey—dry facts, and mentioned with all modesty, only to show that what I am going to write has some little foundation of authority.

Well, having to wait at London Bridge for my train (11.28) on Sunday morning last, June 30th, I thought I would just kill time by listening to the early part of the dear old chapel service, where I so frequently attended between the years of 1866 and '70. About the musical portion of the service of that period I will not say anything beyond the fact that I *do* remember it! And that old "king of instruments" then in the gallery, which, by-the-bye, I once or twice tried to play—and haven't forgotten it!! I suppose that organ is resting within the British Museum!

Ah, me! What a change since then! I was just in time to hear the unpretentious little voluntary. I remained outside in the vestibule. Then a hymn was given out and sung with such spirit and hearty "go" that I shall not soon forget. Tallis's *Festal Responses* followed, and were very fairly rendered—a little more "light and shade" in the matter of expression might be possible. Then followed the Psalms, the pointing of which was simply perfect, and the way the congregation joined in so heartily fairly shivered me; and then the capital way in which those top *reciting* notes were sustained in the second half of each double chant (*Cook* in G and *Dr. Dupuis* in D) were really very fine—no doubt mainly due to the many excellent voices which I fancied belonged to a corresponding number of young nurses present. I may say, too, and this is very important—I could hear every word most distinctly. I could not help noticing, however, that it was, as of yore, a *unison* service. I should like to have heard the *antiphonal* effect of a *Decani* and *Cantoris* quartette of voices, here and there unaccompanied—it gives the organist more liberty and opportunity for variety of taste. But this notwithstanding, all I heard was extremely well rendered, and reflects great credit on somebody—I care not whom—and to that "somebody" I as an old Guy's man feel grateful. I took out my watch with a longing desire to stay for the rest of the service, but Duty whispered in my ear, "No." So off I ran, and was just in time to catch my train.

With every good wish for my *Alma Mater*, I beg to subscribe myself one of her most loyal sons,

NEPHROTOMY.

JUSTICE'S JUSTICE.*

The lawyers met, and their discourse, you bet!
Was wanting in rhyme or reason,
The question to beg, being the make of an egg
In the pheasant breeding season.

Was it flesh or meat? the judge from his seat
Ruled learnedly it was neither;
And proved to the core, what was well known before,
That Law wasn't common sense either.

May then death be dealt out, when the victim's a lout,
Done to death by the wiles of game keepers,
Since our bench we compose of lordlets and those
Who pay ploughmen and sowers and reapers?

No! let justice arise and open the eyes
That are clouded by red tape and diction,
Take science's hand and for truth make a stand,
Leaving rubbishy rulings to fiction.

Sport.

CRICKET.

GUY'S HOSPITAL 2nd XI. v. KING'S COLLEGE 2nd.

Played at Wormwood Scrubbs on June 15th, and resulted in a victory for us by 40 runs on the first innings. Yorath, Wilks and Jewell played in good form, but no one else did much. Yorath was in great form with the ball, and secured 7 wickets at a small cost. Score—

GUY'S HOSPITAL.

T. H. B. Yorath, b Robinson	26
W. H. Jewell, c Longton, b Robinson	4
H. S. Archdall, c Buxton, b Robinson	2
R. L. Wason, b Robinson	0
H. L. E. Wilks, b Robinson	26
H. W. Webber, b Buxton	0
J. W. Culmer, b Robinson	3
J. W. Jewell, c Robinson, b Longton	13
W. G. Mumford, b Longton	1
W. G. Rogers, b Robinson	4
F. G. Philps, not out	0
Extras	12
Total	91

KING'S COLLEGE.

K. Robinson, b Yorath	8
G. H. Longton, b Culmer	2
C. C. Ellison, b Yorath	15
G. R. Goldie, b Yorath	2
J. Edwards, b Yorath	0
R. Buxton, b Culmer	4
F. J. Penny, b Yorath	0
R. S. Bumaid, not out	10
A. G. Russell, b Yorath	1
C. Shortland, c Wason, b Yorath	1
H. Gentry, b Culmer	6
Extras	2
	51

* It has recently been decided in one of those Courts, which are proverbially as full of ignorance as is the proverbial egg full of *meat*, that no penalty is attached to homicide, provided it be brought about by a deadly poison enclosed in an egg.

GUY'S HOSPITAL 2nd XI. v. ST. AUSTIN'S C.C.

Played at North Dulwich on June 29th, and resulted in our defeat by 10 runs. The wicket was dreadfully bad, and under the circumstances no one played the bowling with any success but Bryant, who made his score by boundary hits. Our fielding was above the average—two catches in the long field by Carpmael, and a fine one-handed catch by Culmer must be mentioned. Score:—

GUY'S HOSPITAL.

W. H. Jewell, b Finlayson	2
T. H. Yorath, b Ferguson	2
C. E. Carpmael, b Ferguson	0
J. W. Jewell, b Ferguson	4
W. C. Pritchard, b Finlayson	0
H. S. Archdall, b Finlayson	5
H. W. Webber, c and b Finlayson	0
W. G. Rogers, b Ferguson	0
J. H. Bryant, b Ferguson	24
J. W. Culmer, b Simmonds	5
D. Rice, not out	0
Extras	5
Total	47

ST. AUSTIN'S.

Rogers, l b w Yorath	10
Coles, b Yorath	1
Simmonds, c and b Culmer	1
Ferguson, b Culmer	0
Finlayson, l b w Yorath	9
Sutton, c Yorath, b Culmer	0
Voules, b Webber	17
East, c Carpmael, b Yorath	10
Sivelle, c Carpmael, b Yorath	0
Selous, not out	0
Hemans, b Webber	0
Extras	9
Total	57

PHILBERDS v. GUY'S HOSPITAL.

This match was played in "Queen's weather" at Philberds on Saturday, and resulted in an easy win for Guy's on the first innings. J. H. Bettington bowled well, taking six wickets for 27 runs. Score:—

GUY'S HOSPITAL.

F. Colclough, l b w, b Fisher	41
W. G. Mitchell, c Fardell, b Fisher	8
J. H. Bettington, b Fisher	4
T. H. Busteed, c Starkey, b Fisher	0
J. B. Bettington, run out	6
G Lang, b Godfrey	

S. G. Layman, c Jones, b Godfrey	4
F. M. Russell, c Gornall, b Fisher	6
C. L. Lucas, c Starkey, b Godfrey	30
A. O. Sturges-Jones, not out	8
E. T. Budge, b Godfrey	6
G. W. Mitchell, c and b Godfrey	6
Extras	8
Total	128

PHILBERDS.

R. J. Gornall, b J. H. Bettington	4
R. W. Budworth, b J H. Bettington	22
E. Fisher, b J. H. Bettington	6
C. J. M. Godfrey, b G. W. Mitchell	10
A. H. Beet, c Jones, b J. H. Bettington	0
C. W. Pasteur, b J. H. Bettington	0
P. C. Probyn, c Budge, b J. H. Bettington	0
S. G. Starkey, not out	15
H. J. Price, c Lucas, b G. W. Mitchell	0
A. O. Sturges-Jones, c Lucas, b Layman	4
G. Fardell, b Lucas	2
C. F. Westoby, l b w, b Lucas	0
Extras	1
Total	64

In the second innings Mr. S. G. Starkey scored not out 13, Mr. A. O. Sturges-Jones b G. W. Mitchell 6; byes, &c., 18.—Total, 37.

UNITED HOSPITALS' ATHLETIC SPORTS.

Hon. Treasurer: A. A. E. Madge. Hon. Secretary: G. C. B. Hawes. Judges: G. R. Turner, F.R.C.S.; Seymour-Taylor, M.D.; J. H. Morgan, F.R.C.S. (late President O.U.A.C.): J. Ernest Lane, F.R.C.S. Referee: F. R. Cross, M.B., F.R.C.S. Clerk of the Course: A. A. Bowley, F.R.C.S. Ground Committee: S. L. Hinde, H. M'D. Philpotts, T. A. M. Forde, and C. E. Oakeley.

There never was a jollier meeting at Stamford Bridge than the one celebrated there on June 26th. Seldom indeed have Hospital events created more enthusiasm. Both the stands and enclosures were once again crowded with all the flower of medical society. What a charming spectacle was presented! The ladies were in strong evidence, and, adorned in the most tasty of summer costumes, appeared in greater splendour than at any previous function this season.

100 YARDS CHALLENGE CUP.—Heat 1: H. M. Fletcher, St. Bartholomew's, first; G. L. Hanwell (holder), St. Thomas's, †; J. J. Biggs, Guy's, †. A splendid race, won by a few inches; a dead-heat for second place. Time, 11 sec. Heat 2: B. C. Green, St. Bartholomew's, first; M. Breton, St. George's, second. Won easily by a yard and a half. Time, 11½ sec. Heat 3: G. S. S. Marshall, Middlesex, first; G. Sichel, Guy's, second; H. J. Davis, St. Thomas's, 0; C. C. Webb, London, 0. Won easily by a yard. Time, 11 sec. Final Heat: G. S. S. Marshall, Middlesex, first; H. M. Fletcher, St. Bartholomew's, second; B. C. Green, St. Bartholomew's, third; G. L. Hanwell, St. Thomas's, fourth. J. J. Biggs, Guy's, did not start. Won by three-quarters of a yard; a yard between second and third. Time 10⅘ sec.

HALF-MILE CHALLENGE CUP.—W. Kent-Hughes (holder), St. Bartholomews, first; E. H. Willock, St. Thomas's, second; E. L. Payne, St. Mary's, third. Also ran:—A. E. Madge, London; J. H. Compton, Guy's; H. W. Roberts, St. George's; H. Hewetson, Guy's; L. W. Dryland, St. Bartholomew's. Kent-Hughes made the whole of the running, and moving in capital form, won, despite a game spurt on the part of Willock, by half a dozen yards; say ten divided the second and third. Winner's times—quarter, 1 min., half, 2 min. 2⅘ sec.

PUTTING THE SHOT.—W. J. West, St. Bartholomew's, 38ft. 3in., first; C. D. Leyden, St. Mary's, 37ft. 4in., second; H. Tilley, University College, 33ft. 3½in., third. Also put:—M. Breton, St. George's: C. Wyman, St. Thomas's; S. Langton, St. Mary's; R. G. Hogarth, St. Bartholomew's; H. G. Walters, St. Thomas's.

120 YARDS HURDLE RACE.—Heat 1: S. Kent, St. Bartholomew's, first; E. Parsons, Charing Cross, second. Won easily. Time, 18⅘ sec. Heat 2; S. Langton, St. Mary's, hurdled over. Heat 3: N. Instone, Guy's, hurdled over. Final heat: S. Kent, St. Bartholomew's, first; S. Langton, St. Mary's, second; E. Parsons, Charing Cross, third; N. Instone, Guy's, 0. The old Cantab, who hurdled in smart fashion, won by six yards: about the same distance divided the second and third. N. Instone did not finish. Time 17⅗ sec.

LONG JUMP.—R. G. Hogarth, St. Bartholomew's, 21ft. 2⅘in., first; M. Breton, St. George's, 20ft. 9in., second; H. C. Barnes, London, third. Breton covered 20ft. 10in. at his Hospital Sports, but on this occasion wore a stocking on his right knee.

220 YARDS.—Heat 1: G. S. S. Marshall, Middlesex, first; H. M. Fletcher, St. Bartholomew's, second; H. C. Barnes, London, third. Won by two yards. Time, 24⅕ sec. Heat 2: G. L. Hanwell, St. Thomas's, w.o. Heat 3: R. G. Hogarth, St. Bartholomew's, and G. Sichel, Guy's, w.o. Final heat: G. S. S. Marshall, Middlesex, first; H. M. Fletcher, St. Bartholomew's, second; R. G. Hogarth, St. Bartholomew's, third; G. L. Hanwell, St. Thomas's, fourth; G. Sichel, Guy's, 0. Running very strongly, Marshall won by nearly four yards; one between second and third, and half a yard third and fourth. Time, 23⅗ sec.

THROWING THE HAMMER.—C. D. Leyden, St. Mary's, 87ft. 11in., first: C. Brooks, St. Thomas's, 80ft. 6in., second; C. W. H. Newington, St. Bartholomew's, 80ft., third; M. Breton, St. George's, 0. Mr. Newington was second in the first three throws, and then three "extras" were ordered, which let up Mr. Brooks. Happy Mr. Brooks. Unfortunate Mr. Newington.

ONE MILE BICYCLE HANDICAP (OPEN). R. E. Murray, 300 yards start, first; W. Wyllys, 150, second; G. R. Adcock, scratch, third. This proved very tame biz. Where was Lord Chief Justice Lowther? Won by about

ten yards; bad third. The men rode a lap too much. Time, 2 min. 49 sec.

ONE MILE CHALLENGE CUP. — W. Kent-Hughes (holder), St. Bartholomew's, first; H. W. Roberts, St. George's, second; P. J. Atkey, St. Thomas's, third. Also ran:—A. Mudie (Charing Cross), W. J. Turrell (London), J. C. Faber (St. Bartholomew's), N. Instone (Guy's), E. Burton (Charing Cross), A. F. Heaton (St. George's), A. C. Gabbett (St. Thomas's), A. Quinnell (St. Bartholomew's), L. E. James (Guy's). *Quennell led the first time* round, but Hughes gave him the go-by in the second lap, and the first-named retired. Roberts then set himself going, and guadually closed upon Hughes. A magnificent race ensued down the straight, Hughes just contriving to keep his head in front, and win by a foot; say thirty yards divided the second and third. Winners' times:—Quarter, 1 min. 7 sec.; half, 2 min. 15 sec.; three-quarters, 3 min. 30 sec.; mile, 4 min. 4½ sec.

HIGH JUMP.—H. O. Davies, St. Bartholomew's, 5ft. 6½in., first; S. Langton, St. Mary's, 5ft. 5½in., second. Also competed:—B. C. Green, St. Bartholomew's: C. C. Webb, London; H. C. Barnes, London.

440 YARDS OPEN HANDICAP.—Railton Johnson, 18 yards start, †, first; L. Harris, Liston, 10, †, second; W. W. Nuttall, 20, third. Seven ran. A dead-heat. Nuttall, who was third, fell after passing the post. Time, 53¾ sec. Deciding Heat: Johnson beat Liston by two yards in 53¾ sec.

440 YARDS CHALLENGE CUP.—H. M. Fletcher, St. Bartholomew's first; A. E. Madge, London, second; T. G. Turner, St. Thomas's, third. Also ran: G. S. S. Marshall, Middlesex; C. E. Hibbard, Guy's; R. G. Hogarth, St. Bartholomew's. Won cleverly by ten yards; say fifteen between second and third. Time, 54⅖ sec.

THREE MILES CHALLENGE CUP.—A. Quennell (holder), St. Bartholomew's, first; A. W. Maynard, St. Thomas's, second; J. Young, Guy's, third. Nine ran. Waters cut out the pair, with Quennell second and Maynard third. The first named retired in the third lap of the first mile, and then Quennell acted as pioneer, with Maynard second and Thorne fifth. It was now seen that the race was a gift for Quennell, who finally won easily by the length of a street from Maynard, who finished second a long way in front of Young, who was third. Time, 15 min. 52⅕ sec.

CHAMPION HOSPITALS.

1867 Guy's.	1879 St. Thomas's.
1868 St. George's.	1880 St. Thomas's.
1869 King's.	1881 St. Thomas's.
1870 King's.	1882 St. Thomas's.
1871 Guy's.	1883 St. Thomas's.
1872 Guy's.	1884 London.
1873 St. Bartholomew's.	1885 St. Bartholomew's.
1874 King's.	1886 St. Bartholomew's.
1875 St. George's.	1887 St. Bartholomew's.
1876 St. George's.	1888 St. Bartholomew's.
1877 Guy's.	1889 St. Bartholomew's.
1878 Guy's.	

GUY'S HOSPITAL. A. C. ANNUAL SPORTS.

June 20th dawned so brightly that even those who had an important engagement on the Thames Embankment within a fortnight, or at Burlington House within a month, forgot all about the wicked ways of examiners, and wended their way to Balham. Indeed, owing to the solar energy, and the zeal of Mr. L. E. James and the committee, the attendance was large enough to suggest that the occasion was the United Hospitals' instead of Guy's sports. The fair sex was well represented, as it always ought to be to make sports a success; and never, we believe, was there a season when ladies' costumes were better calculated to make a field look charming. Events commenced punctually at 2.15 p.m., and all went well without a hitch. The entries were larger than usual, a result which may be to some extent attributable to the wise step, adopted, we believe, by the advice of the Secretary, of instituting 3rd prizes, instead of limiting the number to two.

The officials were: judges, A. Allport, H. Cooper, and H. T. Hickman; timekeeper, Brow Holloway. Details:—

100 YARDS HANDICAP.—Heat 1: J. J. Biggs, 2 yards start, first. Won by a yard. Time, 11 sec. Heat 2: E. S. Tuck, 2½. first. Won by a few inches. Time 10¼ sec. Heat 3: H. S. Desprez, 2 first. Won by half a yard. Time 10¾ sec. Heat 4: G. T. Sichell, 2, first. Won by 2 yards. Time 11¼ sec. Final heat: J. J. Biggs, first; E. S. Tuck, second; G. T. Sichell, third. Four ran. Won after a good race by half a yard.

It seemed scarcely natural to see Biggs to the front without a football, and one really expected to find somebody trying to collar him. Desprez fell heavily at the tape on winning his heat, and damaged his knees. But he had his consolations, for by pluckily running in subsequent events he obtained much sympathy from the fair sex.

HALF-MILE HANDICAP.—J. H. Compton, 20 yards start, first; H. Hewitson, 30, second; P. Purnell, 10, third. Six ran. Won very easily. Time, 2 min. 9 sec.

Hewitson lost his shoe early in the race, but he ran along the cinders very pluckily nevertheless. [There seems a legitimate opportunity for a joke here; something about *Cinder*ella and the lost slipper, but *we* couldn't manage it.—ED.]

100 YARDS HURDLE RACE.—Heat 1: E. S. Tuck, scratch, first; R. Instone, scratch, second. Won by a yard. Time, 13½ sec. Heat 2: W. G. Beyts, owes two yards, first; W. Mitchell, owes 15, second. Won by two yards. Time, 13¾ sec. Final Heat: W. G. Beyts, first; N. Instone, second. A splendid race ended in Beyts's favour by four inches. Tuck fell in the final. Time, 13½ sec.

ONE MILE RACE.—J. Young, scratch, first; J. Eastment, *20 yards start, second*; W. Bligh, *15, third*. The scratch man took the lead when entering the second lap, and maintained his advantage right up to the finish, passing the post an easy winner by ten yards; half that

distance between second and third. Seven ran. Time, 4 min. 50 sec.

220 Yards Race.—J. J. Biggs, 4 yards start, first; J. H. Bettington, 5, second; G. Sichell, 5, third. Nine ran. Won by two yards; one yard separating the next pair. Time, 25 sec.

Putting the Shot (16 lb.)—W. G. Mitchell (owes 12in.), 31ft. 11in., first. Five competed.

Quarter-mile Race.—J. J. Biggs, 5 yards start, first; H. S. Desprez, 25, second; C. J. Bradley, 25, third. Seven ran. After a close race Biggs sailed home the victor by half a yard; one yard between second and third. Time, 57 sec.

Sack Race.—A. Allport, first, eight competed.

"*Sack*—A kind of sherry" (Dictionary). But at Balham the best sack contained all port. The Gazette begs to thank dear old A. A. for having the right sort of face for a cartoon. What would become of G. S. without it?

600 Yards Race.—W. G. Beyts, 25 yards start, first; O. J. Bradley, 35, second; H. J. Holman, third. Six ran. Won by two yards, Bradley being second, one yard in front of Holman. Time, 1 min. 28 sec.

For this race the evergreen C. D. Muspratt (scratch), was a hot favourite, but unhappily he was obliged to leave before the event came off.

High Jump.—N. L. Richards, 4ft. 11in., first. Three competed.

Long Jump.—E. J. Budge, 18ft. 1in., first; E. S. Tuck, second. Seven competed.

Three Miles Race.—J. Young, scratch, first; H. Eccles, 55 yards start, second; J. Eastment, 50, third. The scratch man overhauled all his opponents and gained an easy victory by half a lap; thirty yards between second and third. Nine ran. Time, 16 min. 50 sec.

Bandsmen's Race (320 yards).—Travis, first; Williams, second; Lawrence, third.

Consolation Race.—C. E. Hibbard, first; C. Spon, second. Won by half a yard.

The victors received their rewards at the hands of Mrs. Newton Pitt, who performed the ceremony with great kindness and grace, and who afterwards accepted from the Secretary a bouquet of flowers, cleverly arranged in the hospital colours. No one, of course, could have dispensed with a speech from the President, Mr. Clement Lucas, who accordingly brought the proceedings to a close with a few suitable and encouraging remarks.

We believe that the balance sheet of the sports will show a very satisfactory margin this year, and we are certain that the Hospital is to be congratulated in having so energetic a Secretary and so efficient a Committee.

OVERHEARD AT BALHAM.

"What an alcoholic set of judges!"

"How's that?"

"Well, *Cooper*, *Allport*, and *Hick*-man! Lemon squash, Miss, please."

The Prayer Book on Quack Medicine.—A Yorkshireman was very ill, but doggedly opposed to spending a penny upon the doctor. He had found, he thought, a more excellent way, and was accordingly conducting, with very alarming results, some experiments upon his constitution. "My dear Mrs. Blank," said the vicar to the obstinate parishioner's wife, "your husband is really killing himself with those pills. It is a case of suicide—a downright sin." "Yes, Sir," replied she, "and many's the time I've prayed against it in the Church service." "In the Church service?" said the vicar doubtfully. "You mean when we pray for the sick?" "Oh, no, sir," was the reply; "I mean when we always say—in the Litany, isn't it?—'from all false doctorin', good Lord, deliver us!'"—*Cornhill Magazine*.

Marriages.

FARR—BOLTON.—On the 29th ult., at St. Mark's, Jersey, Ernest Augustus Farr, M.R.C.S., L.R.C.P., second son of Dr. Farr of Andover, to Ann Laurance Augusta Mabel, only daughter of General Bolton, R.A., of The Priory, St. Heliers, Jersey.

GARDNER—HELMS.—On June 18th, at the Church of the Ascension, Balham, Percy Herbert Gardner, M.R.C.S., L.R.C.P., of Torquay, to Dagmar, third daughter of L. V. Helms, Esq., of Nightingale Lane, S.W.

HALSTEAD—CANDLER.—On 20th, at the Wesleyan Church, Brixton Hill, S.W., George Ezra Halstead, M.D., B.Sc. (Lond.), of Albion Hill House, Ramsgate, to Edith, third daughter of George Candler, Esq., Newlands, Clapham Park, S.W.

POOLMAN—NESBITT.—On June 28th, Arthur Edward Poolman, M.R.C.S., L.R.C.P., of Sydney, N.S.W., to Elsie Nesbitt, late Sister of Martha Ward, Guy's Hospital.

Births.

LARKIN.—On June 10th, the wife of F. G. Larkin, L.R.C.P., M.R.C.S., of Grove Park, Kent, of a daughter—Muriel.

TAYLOR.—On the 28th ult., at 11, St. Thomas' Street, S.E., the wife of Frederick Taylor, M.D. (Lond.), F.R.C.P., of a son.

Advertisements.

WANTED by an M.D. (Durh.), M.R.C.S., and L.R.C.P. (Lond.), aged 27, a PARTNERSHIP of about £700 a year, in a good middle class practice in a Suburb of London or large Town, with a view to succession and where there would be scope for increase. Has had two years' experience in private practice. Good references and testimonials. Apply Mr. Wells, Medical Office, Guy's Hospital.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Subscribers who wish to have their GAZETTES *for 1888 bound in one volume, should leave the numbers, with the Index published on January 19th, with the Librarian without delay. The cost of binding in the Hospital colours is one shilling and sixpence.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

JULY 20, 1889.

CASE OF RIGID COCCYX.

By FRED. W. FARR.

M. B., æt. 24, primipara, sent for me at midnight on 25th inst. I found labour pains strong and frequent. The os was about half dilated; the membranes ruptured; and the vertex presenting in the 1st position. The vaginal outlet was small, and the coccyx and lower part of the sacrum were bent forwards almost at a right angle with the upper portion of the sacrum, and perfectly rigid. The distance between the point of the coccyx, and the lower border of the pubes was $2\frac{3}{4}$ inches. The pelvis was roomy above.

After the head had pressed on this bony obstruction for about 40 minutes, the pains became much less frequent, and weaker; the pulse more rapid; and the mother exhausted. I easily put on the forceps, but was obliged to exert very considerable traction with side-to-side rotation to deliver the head. When this was done I found that the rigid coccyx had caught in the hollow above the clavicle, from which I released it with the finger with great difficulty. The child was finally born, but animation was suspended for about 15 minutes.

He was a fine boy weighing $7\frac{1}{2}$ lbs., but $\frac{1}{4}$ inch above the outer canthus of the left eye was a depression with the skin broken, corresponding to the *point d'appui* of the coccyx. Both the upper and lower lids of the eye were so much swollen that the eye was completely closed. The left nostril was perfectly immovable during crying, and the left angle of the mouth was greatly drawn down. Just below the lobule of the left ear there was evidence of the pressure of the lower blade of the forceps, and it was apparently this pressure on the exit of the portio dura which had temporarily paralysed the muscles supplied by that nerve. The bruising and temporary closure of the eye were doubtless caused by the pressure of the rigid coccyx. Thirty hours after the birth, these abnormal conditions had disappeared.

The really unintelligible point is, what was the cause of this malposition of the coccyx. No injury of any description can be recollected by her, or her mother; and she has never been of a sedentary disposition. On the contrary, being a member of the Salvation Army, she has had much marching to do for several years. The abrupt right angle formed, almost suggests that some fracture had occurred perhaps in early life with a faulty union.

The question now arises about the advisability of turning in preference to using the forceps in any future labour. I did not turn, because I could not see the advantage to be gained over forceps by so doing, as the only point of contraction in the pelvis was opposite the tip of the coccyx.

The points of interest are the curious and inexplicable position of the coccyx; the temporary paralysis by pressure on the facial nerve with the forceps; and the delivery of a large ($7\frac{1}{2}$ lbs. in weight) living child through an unyielding aperture, at one point only $2\frac{3}{4}$ inches wide.

THE brave Prince de Condé, during his last campaign in Flanders, was one day visiting the camp hospital. The heat was intense and the air within the wards stifling. A round shot from the enemy's guns passed through the window of the hut, and a splinter striking the Prince's shoulder caused it to bleed profusely. His aides-de-camp rushed to his assistance in great alarm on seeing the blood. "Do not disturb yourselves, gentlemen," said the gallant soldier; adding, with a smile, "the air will be all the better for a little Condé's fluid."

CULTIVATION EXPERIMENTS WITH THE BACILLUS LEPRÆ.

BY BEAVEN RAKE, M.D.

(Continued.)

2.—EXPERIMENTS IN LIVING ANIMAL TISSUES.

No. 1, is a case of considerable interest from the length of time the dog was under observation. It was inoculated on the nape of the neck on April 5th, 1884, and was killed on December 16th, 1887, three and three-quarter years later. No trace whatever was found at the site of inoculation. Nodules were, however, found in the spleen and liver which at first looked suspicious, but a further examination showed quantities of nematode worms in the hepatic vein, vena cava, right ventricle, and pulmonary artery. I sent these worms to Mr. Bland Sutton, and he has kindly written to tell me that they are probably filaria immitis and that such worms frequently act as emboli. There is therefore, I think, little doubt that the nodules in this dog, were parasitic in origin, and not leprous. This view is supported by the fact that no bacilli were found in the nodules nor indeed in any of the viscera. Pieces of the spleen and liver were sent home to Dr. Thin, but neither he nor Mr. Watson Cheyne found any leprosy bacilli in these organs.

No. 23 is another animal which was a considerable time under observation. A piece of tubercle was introduced beneath the skin of a fowl on February 7, 1885. The fowl died on March 4, 1887, more than two years later and at the site of inoculation a small nodule was found consisting of caseous débris and pigment surrounded by a capsule of false membrane. There was no infiltration of the tissues round the nodule nor any evidence of leprous deposit elsewhere. A few badly stained bacilli were found in the débris but none in the capsule, subcutaneous tissue or viscera. An interesting point here arises in connection with the phthisical lesions already referred to. Three fowls (including No. 23.) were under observation for periods varying from ten months to over two years. During this period they were all fed frequently with leprous material, namely—tubercles and pieces of viscera including numerous phthisical lungs. Now if these lung lesions were really caused by the bacillus tuberculosis one would expect to find tubercular lesions in the fowls after such prolonged exposure. Mr. Bland Sutton in an article on Avian Tuberculosis in the Philadelphia Journal of Comparative Medicine and Surgery for October, 1886, says that fowls, pigeons, and ducks are exceptionally liable to this disease, and mentions the case of a python which died with tuberculosis of the liver after having been fed on the above birds. Numerous instances are on record of other animals becoming tubercular after eating tubercular material. Thus Petit, (*Journal de Médicine*, January, 1, 1888) relates the case of a cat which was constantly eating phthisical sputum and eventually developed pulmonary tuberculosis. He has also seen two cases of tuberculosis transmitted to dogs by human beings. But the viscera of all my fowls were found quite healthy. This, therefore, is another argument though not a very strong one, against the tubercular nature of the lung lesions in leprosy.

In experiment 43 a piece of tubercle was introduced into the abdominal cavity of a cat. The incision healed readily and the cat was killed six months later. A small nodule was found loosely attached to the mesentery; it was caseous on section and contained a few bacilli. The viscera were healthy and contained no bacilli. The result here resembled that obtained beneath the skin of the fowl. A kitten which had been similarly inoculated in the abdominal cavity, died eleven days later of acute peritonitis. The tubercle was not found, but a few doubtful bacilli were found in the peritoneal lymph. Two cats and three kittens were inoculated with pieces of tubercle in their anterior chambers. In four the tubercles apparently escaped, and the incisions healed, leaving only some opacity and pigment around. In the fifth the tubercle remained over the pupil, resting on the lens and adherent to the iris. General iritis was set up, and the tubercle became coated with yellow lymph. At the last examination on January 28, 1888, the eye was in exactly the same state as on September 26, 1887, four months before. On October 17, a small desquamating nodule was found on the eye-brow above the inoculated eye. Some juice from this nodule was sent home and submitted to Dr. Thin and Mr. Watson Cheyne who kindly examined it but failed to find any leprosy bacilli in the specimen sent. By January 28, 1888, the nodule had disappeared leaving only a slight scurfiness. It would seem probable therefore that this nodule was only accidental. The results of inoculation in the anterior chamber agree with those of Dr. Thin.—(*Impfversuche mit Lepragewebe auf Thiere* 1886).

I have been told that a parrot has been known to become leprous at the Asylum here. I therefore inoculated a macaw beneath each wing. Six month later, no sign of tubercles or even of scars was found.

A guinea-pig was inoculated with a piece of tubercle removed during an acute outbreak, the temperature being 103°. It was thought that possibly the bacilli might grow better, if removed at this time. The incision suppurated and numerous leprosy bacilli were found in the pus four days after inoculation. The guinea-pig died three and a half months later; no trace of the tubercle was found near the cicatrix and the viscera were healthy. I have now under observation at the Asylum thirty selected anæsthetic lepers. I introduced in each beneath the skin of the fore-arm, a few months ago a piece of cutaneous tubercle from a tuberculated leper, the incision being afterwards sutured. I am watching carefully for any growth of tubercle but none has yet taken place. Hansen has tried similar transplantation on man without result. (Bidenkap, Lectures on Lepra, 1886, p. 61). So far then I can record no growth of the *bacillus leprœ* when planted in living animal tissue.

(To be continued.)

RUSSIAN POLAND.

DEAR SIR,—Having spent the past winter in Russian Poland, I thought a slight sketch of a few of the diseases, hygienic conditions, &c., might be of interest to your readers.

To begin with the hospitals of Warsaw: they are three in number, "Child Jesus," "Holy Ghost," and "Lying-in" Hospitals. The buildings are fairly good, and are provided by government, while the funds are supplied two-thirds by public subscription, and one-third by the authorities.

To the kindness of Dr. J. Polack, R.M.D. Child Jesus, I am indebted for many of the following particulars, and also for obtaining a view of the hospital.

The nursing is altogether in the hands of sisters of mercy, who conduct it in a very efficient manner. As pay they receive £3 per annum; the servants at the rate of 3s. per month, food and lodging of course being provided for them. The number of patients at the Child Jesus was about 1500 a day, on whom the sum of £3000 per annum was spent. A very curious point was the fact, that government regulates the cost of each patient at 3½d. per diem, and it is very strictly enforced. In a few exceptionally bad cases the law is broken by ½d. Of course, knowing this, I was in a manner prepared for the fact, that the patients were badly fed, but the food exceeded my anticipations. Dr. Polack told me that all the patients are given in acute illness is a small quantity of milk, and a very thin sour soup in which meat or any derivative of it is an unknown quantity, so far as I could discover by taste. Convalescent patients are fed on keaba, black sour bread made from the rye grain, potatoes, and a small portion of meat. The wonder is how they ever arrive at the convalescent stage. The chief diseases treated here are typhoid, diphtheria, small pox, and chest affections. Isolation is not well carried out; I must add, the surgical beds are only 20 per cent. of the medical. I was particularly struck by one of the wards—a wonderfully fine room, holding 60 beds, measuring 160 feet long by 40 and 28 feet high. At one end was a chapel 12 feet in length. It gave one the impression of being in a church, around the nave of which beds had been arranged. The black-robed sisters, flitting from patient to patient with noiseless step, served to heighten the illusion, and one could almost have fancied oneself back again in bygone ages amid the cruel scenes of war and revolution in which poor Poland has so often participated.

From the "Child Jesus" we went on to the Lying-in and Foundling Hospital, where some seven hundred patients are capable of being admitted at a time. The olive branches we saw appeared anything but blooming, hereditary syphilis being very common. The mortality from puerperal fever is exceedingly high, indeed, not only here but over Poland and Russia generally.

Our next point of interest was, the "*Child Jesus*" Hospital, consisting of 300 beds. It was nicely arranged, heated throughout with hot water pipes, and having an arrangement in the basement for pumping in fresh (?) air. We saw mostly throat and chest cases here, the cost per patient being 14½ kop. One of the consulting physicians is Neugenbauer, of speculum fame. The drainage of all the hospitals is bad, as it is in most parts of the continent. The sanitary arrangements of private houses, however, deserve a short notice; so exceedingly primitive are they in these respects that I will describe this part of a typical country house. Imagine a small room next to the kitchen, the size of a moderately large cupboard, with a circular pan two feet deep in one corner for sanitary purposes; ventilation and light are provided for by a hole in the door; this also serves to inform any new comer that the place is occupied. When the pan is full it is emptied, but not before; the smells in consequence are something to be felt and handled rather than described. In a few of the best houses the earth closet system prevails, and in one I am acquainted with there is a complete Jenning's system erected at the vast cost of £250. All honour to be given to the brave pioneer of sanitary science! I believe, when first established some few years ago, it was the show sight of Poland, and people came from far and near to see and have explained to them the great English system of "La Canalization." Rumour has it that the proprietor made a good business by putting on an entrance fee.

In Warsaw they are laying down a complete system of arterial drainage which will be a great improvement. As matters stand at present, the whole drainage of the town is carried along open gutters at the edge of the pavement, and is utterly disgusting. No wonder typhoid, diphtheria, and puerperal fever rage there as constant epidemics. The death rate is something over 52 per thousand. I believe this to be the first town under Russian rule where "Canalization" has been introduced, and the system is looked upon as having been put on its trial. The carrying out of the scheme has been entrusted to English engineers, so we hope it will be well done.

I must now relate a few of the chief diseases I saw. Foremost among them was ague of the tertian and quartan types, the former being the commoner. In addition to these there is a very prevalent complaint, called malaria, quite distinct in its symptoms from what we in this country are accustomed to, and between which and ague the Polish medical authorities draw a sharp line of demarcation.

The symptoms chiefly noticed in connection with it were,—intense drowsiness, complexion sallow, inclined to lividity; in some cases slight shivering, but generally none; temperature normal; pulse normal; giddiness, loss of memory, and great depression of spirits; tongue furred, bowels constipated, appetite unaffected; liver and spleen slightly enlarged. Perhaps, however, the most striking points were the complete absence of the hot and sweating stages. I found patients in this state able to resist large doses of quinine. In one case under my charge this was very well marked. He appeared, when in health, to have an idiosyncrasy as regards

quinine, 2 grs. producing well marked chinchonism. While affected with malaria I have given him as much as 90 grs. in 24 hours without the slightest appearance of it. How much more he might have taken I did not care to try as the case cleared up; perhaps an opportunity will present itself in the future for the elucidation of this interesting point

The causation of this special variety is rather obscure, as the cases occur when the temperature is low, in February and March, the snow, &c., having only partially melted, and there is a great deal of water on the ground. As far as my observations went, it seemed to be in some way allied to the sugar beet cultivation which obtains largely in some parts of Poland. The beetroots are cleaned of their leaves on the ground where they are grown previous to carting to the factory, and as they give a large amount of foliage in comparison to root, the refuse left to decay is considerable. This idea is supported by the fact that "malaria," as distinct from ague, is chiefly prevalent in the sugar beet districts.

Hilton Fagge describes one form of ague, "the Tertian Soporosa," which seems, from many of its characteristics, to be a severe kind of the malaria I have been attempting to describe.

To turn to another subject, I had an opportunity of witnessing a small pox epidemic. The village where it broke out consisted of some 500 inhabitants. Isolation is absolutely impracticable as the peasantry don't believe in its contagious nature. It was very remarkable to watch the prophylactic efficacy of vaccination. About 90 per cent. of the inhabitants were unvaccinated, for though this is compulsory on all, the people in the greater number of cases manage to escape; or, in the case of children, the mothers, as soon as they leave the medical man's presence after the operation, proceed to lick the lymph off the arm; re-vaccination, in case of failure, is not considered necessary. However, knowing this, we vaccinated the whole community, and each batch were kept under observation for some hours afterwards. The plan was most successful, nearly all the cases taking well.

Among the newly vaccinated only 3 cases of a very mild type occurred, while previous to vaccination there were 9 cases of the confluent type, and 4 deaths. What the results might have been if vaccination had not been carefully carried out is too horrible to contemplate, the Slav population being very dirty in their habits, and affording every facility for the development of small pox in its most virulent form. However, I think that there can be no doubt in this case about vaccination proving a direct antidote. The healthy people had free access to the ones suffering from the disease; there was no ventilation in the rooms, which are small and heated by large stoves; no attempt at disinfection, and yet, after vaccination as I said, only three cases of a very mild type occurred. It is strictly laid down by law, that vaccination must be performed only from the calf, and if the operator uses human lymph, he lays himself open to a prosecution and the infliction of a heavy fine. The treatment consisted of the district medical officer coming over once every week or ten days to see how many had collapsed.

To turn for a few minutes to the dietetics of the Poles. One might call them a decidedly livery lot; the cooking is excellent, but to our taste would be too fat; large quantities of butter are used with each dish. I found by experience this to be almost a necessity for keeping up the body heat, as the cold is often intense, the thermometer often registering 40° F. of frost. I am told, in the heart of Russia and Siberia, they live rather after the Esquimaux fashion, chiefly on fat. The Poles are also famous for the great varieties of soups and sweets included in their menus; some of the former still linger on my palate, like the scent the rose leaves of the story that hang round the broken vase, and are of such undoubted excellence that I will describe a few of the chief.

Barscy, the first and best, is made by adding sour liquor produced from fermenting beet to a clear stock, and then boiling in it slices of red beetroot until it acquires a deep red colour; it is drunk very hot, and I found it an excellent restorative in cases of over fatigue, exposure to cold, and loss of appetite; it would form a useful addition to our sick dietary. Cray fish soup is another, made by adding pounded cray fish to stock with one-third the quantity of sour cream, and so on through sorrel, tomato, asparagus, fruit soups of all kinds, till you come to lodnik, which should be written down as the last of all things, for having once eaten it you will never be in a condition to do so again. Describing its effects allegorically, to the mouth it is sweet as honey, but in the belly bitter as gall. It is given in the summer months, and consists of thin stock, with an equal quantity of sour cream. Floating in it are the following: champignons, ogourki (sour cucumbers), cornichons, radishes, cray fish, &c., &c., and large lumps of ice.

The meat is of very inferior quality, mutton especially, but this is in a measure compensated for by the excellence of the cooking. The meat is usually placed in thick sour milk for from 28 to 48 hours previous to cooking, which makes it very tender. It might be worth trying in this country during the heat of summer when tender meat is at a premium.

One curious custom prevalent in most houses is the pschakonska,—it consists in the host drinking a "petit verre" of vodka, a kind of gin, to the health of his guests, and then passing it round, filled to each, who in their turn drink to the host. After drinking, various appetisers are offered one,—caviare, anchovies, raw herring, &c. The habit of consuming raw spirit is very common among both rich and poor, and I was unable, after many enquiries, to detect that it had any special deleterious effect beyond producing a liver attack. Malignant disease of the stomach is very uncommon. In Russia it is the custom for the men to go on "sapoia"—*i.e.* they shut themselves up in a room with a cask of rodka and stay there till it is finished or it has finished them, a very rare occurrence.

I am afraid, Mr. Editor, I have already exceeded my space, so must close this sketch with hopes that some of your readers will pay a visit for themselves to the hospitable land of the Pole, and be as well treated as

Your obedient Servant,

NIELL MAC GILLYCUDDY.

THE DISTRIBUTION OF PRIZES.

Our Annual Fête took place on Thursday, July 11th. The weather was dull and ominous in the morning, but brightened in the afternoon, and there was no rain. A tent was erected in the road in front of Clinical Ward to seat 500, and within there was a platform prettily decorated with flowers. The colonnade was also gay with bunting, and the front quadrangle, which has been recently painted, looked unusually bright.

About 2,000 invitations were issued by the Treasurer and Governors, and a very large number of these must have been accepted. On their arrival, the visitors were shown into their seats in the tent, until that receptacle was overflowing.

The chair was taken by the Treasurer, who was supported by Sir Henry Peek and some of the Governors, together with the Hospital and School Staff. The Dean, Dr. E. C. Perry, then read the Report for the past year, prefacing his remarks by a kind reference to the long and successful labours of his predecessor, Dr. F. Taylor, in the interests of the Medical School. All the medallists and prizemen were there to receive their distinctions from the hands of the Treasurer, save one who was unable to get through the crowd, and equally unable to follow precedent in the matter. Here is the list:—

The Treasurer's Gold Medal for Clinical Medicine.—Alfred Parkin, Hightown, Yorkshire.

The Treasurer's Gold Medal for Clinical Surgery.—Alfred Parkin, Hightown, Yorkshire.

Gurney Hoare Prize for Clinical Study.—Albert Edward Norburn, Stoke Newington, N.

Beaney Prize for Pathology.—Robert Devereux Mothersole, Colchester.

Sands Cox Scholarship.—Alfred Theodore Rake, Fordingbridge. Thomas Holmes, Lancaster—*proxime accessit.*

Michael Harris Prize for Anatomy.—Alfred Theodore Rake, Fordingbridge.

The Arthur Durham Prizes for Dissections.—First Year's Students.—John Beresford Leathes, Rochester, prize £5. *Second and Later Years*—William Herbert Dixon, Stroud Green, N., prize £15; Arthur Mantell Daldy, Romford, certificate; Guy Mackeson, Fellows Road, N.W.

Fourth Year's Students.—Francis Griffiths Swayne, Bristol, first prize, £25; John Fawcett, Westgate-on-Sea second prize, £10.

Third Year's Students.—John Henry Bryant, Ilminster, £17 10s.; Bertram Whewell Hogarth, Morecambe, £7 10s.—equal.

Second Year's Students, 1888.—John Henry Bryant, Ilminster, £11 13s. 4d.; Bertram Whewell Hogarth, Morecambe, £11 13s. 4d.; Arthur Stanley Wohlmann, Hertford, £11 13s. 4d.—equal; William Gusterson Rogers, Kimberley, South Africa, certificate; Charles Edward Salter, Barnes Common, certificate.

First Year's Students, 1888.—Alfred Theodore Rake, Fordingbridge, first prize, £50; Thomas Holmes, Lancaster, second prize, £25; Edward Thomas Ernest Hamilton, East Dulwich, certificate; Tom Robinson Taylor, Methley, near Leeds, certificate; Charles Caldwell Elliott, Wynberg, Cape Colony, certificate; Harry Bacon Wilkinson, Southport, certificate; Arthur Mantell Daldy, Romford, certificate.

Open Scholarship in Arts of 125 Guineas.—John Beresford Leathes, Rochester.

Open Scholarship in Science of 125 Guineas.—William John Johnson, Shefford, Beds.

This was followed by a vote of thanks to the Treasurer, moved by Dr. Pavy, seconded by Mr. Durham and carried by acclamation. Mr. Durham, as usual, amused everyone; and, while congratulating the successful men, he insisted on the necessity of more competition in the Hospital Prize Examinations, aptly adding that "it is better to have *tried* and lost than never to have *tried* at all."

The meeting then adjourned, flooding the Park, the Club, the Wards, and all parts of the Hospital Grounds. Tea was served in the Club, and Refreshments of various kinds in the Park; in this way any unpleasant crowding was avoided—indeed Mr. Millsom must be heartily congratulated on the excellent arrangements of his department, which were thus able to bear so severe a stress. Meanwhile the capital Band of the M Division (Southwark) of the Police

enlivened the proceedings with a well chosen programme, and their performances were much appreciated. The round of sights was a long one, and experience showed that it took about an hour and a half to "do" them on American principles, which is enough and more than enough for the average Visitor. To mention a few:—The Chapel and the Baconian Monument, the National Portrait Gallery in the Medical Officers' Room, the Library, the New Fresco and the Picture presented by Mr. Armitage, the New Dental Room and its arm-chairs, the College in Maze Pond, the Wax Works, the Dispensary, the Smoking Room, &c., &c. The Ladies, too, we must not forget, lighting up the greyer tint of soul and stone with blithesome wit and varied hue. To them we owe our best thanks for their presence and kindly interest in things pertaining unto Guy's.

PRESENTATION TO MR. POLAND.

On Friday, the 12th inst., there was an enthusiastic meeting in the Anatomical Theatre for the purpose of presenting a testimonial to Mr. JOHN POLAND, on his retirement from the post of Senior Demonstrator of Anatomy.

Mr. Gay Mackeson, who made the presentation, said—

Mr. Poland, I have been asked by a number of the students here to present you with these lamps and this album, as a slight recognition of the work which you have so patiently and perseveringly carried on for their welfare during the past eight years. This gift but faintly expresses our hearty thanks to you for all you have done for us, but I think you know already what our feelings are, and in your future professional career, which we trust will be both bright and prosperous, this little testimonial will serve to assure you that you will always be kindly remembered by Guy's men.

Mr. Poland, in reply, said:—

Gentlemen, the present occasion is one both of the greatest pleasure and pain to me—pleasure in that you have presented me with these handsome lamps and album as a mark of your appreciation of my work amongst you. I accept them with the greatest pleasure, and thank you from the bottom of my heart. The occasion is painful in that it makes the severance of our relation as teacher and pupil. I entered here as a student in 1873, just twelve months after the death of my lamented uncle, Mr. Alfred Poland, who, as you know, was a most distinguished surgeon of Guy's Hospital, and who, after occupying the same post which I now leave—I mean that of demonstrator of anatomy—became firstly assistant-surgeon and then surgeon to this hospital. I may say he devoted the whole of his life to Guy's. It is, therefore, sixteen years since I first occupied the benches on which you now sit, and from that time my best energies have been devoted to the hospital and school. Rather more than seven years ago I held the post of surgical registrar for over two years, and for the last five years that of demonstrator of anatomy. In both these capacities I have always received the greatest courtesy and kindness, and I cannot but thank you most cordially as representing the hundreds of students whom I have taught during these years. If, as I hope, I have been of any service during this period to any of you, I shall always feel amply repaid. You who have been working with me more recently I most especially thank for the way in which you have ever listened to my lectures and demonstrations and worked so well with me. I may say that the happiest days of my life have been spent in the dissecting room at Guy's. I feel sure, gentlemen, that you appreciate the endeavours I have made during the past year as senior demonstrator to improve the work there. I retire from the midst of you with a heart full of gratitude for all the kindness I have received at your hands and for this token of it. This album I will highly prize, containing as it does the names of so many who have recently worked with me, and in the distant future I shall be able to look at it and remember the many happy days I have spent as your teacher at Guy's Hospital. Gentlemen, I can only thank you once more for this mark of respect, and if I can be of any service to you hereafter it will give me the greatest pleasure.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

DEAR SIR,—A friend of mine who is a F. S. I., was shown round our museums a few days since. He afterwards remarked, that he supposed special provision had been made to protect them against fire, seeing the irretrievable loss that would very quickly be caused to the wax models if a fire should make the places at all hot. I could only mention that there were some hydrants in different parts of the hospital, but he suggested that it would be a good thing to have some hand grenades in the museums themselves, so that anyone could use them immediately in case of need.

Perhaps the authorities might think this suggestion worthy of consideration.—Yours faithfully,

H.

Passim.

AT the close of the Summer Session the GAZETTE intends to take a holiday. The next number, therefore, will appear in September, and will be dedicated to all those about to become Guy's men.

THE event of the fortnight of course was the Prize Distribution on Thursday the 11th, which by common consent was considered to be the most successful of its kind we have ever had at Guy's. The attendance, too, was almost as large as in the old days of the Conversazione. The Visitors seemed to enjoy themselves thoroughly, and fully appreciated the refreshments, to judge from the Commissariat's report, for in addition to ices *ad lib.*, fruit, tea, cakes, a waggon-load of strawberries and a butt of cream, everything was consumed save Mr. Millsom's good temper.

THE Physiological Department is to be congratulated on having obtained the assistance of Messrs. Starling and Tubby. The work of this section of the School has been completely reorganised, and we shall take an early opportunity of recording the changes.

ON Wednesday, July 10th, the marriage of Mr. Charters J. Symonds and Miss Marie Shaw took place at St. Mary Abbott's, Kensington. The weather was showery but bright. A large number of friends gathered to witness the ceremony, the Rev. M. S. Walrond, of St. Lawrence Jewry, officiating. There were three bridesmaids bearing bouquets of roses, and a little niece of the bride acted as train-bearer. After the service a reception was held at the residence of Major-General and Mrs. Shaw, and the happy pair then left for Oxford *en route* to Scotland. The presents were very numerous and handsome, and included a magnificent timepiece, with side ornaments to match, the gift of the Students of Guy's Hospital. Among those present were several old Guy's men, Dr. Tyson of Folkestone, Dr. Lancaster, Mr. Crosse, and others.

DR. GOODALL, the Resident Medical Officer of the London Fever Hospital, has been appointed Medical Registrar at Guy's, and Dr. L. E. Shaw has taken the Curatorship of the Museum. Two additional Anæsthetists for the Dental Department have been appointed, Dr. Sheppard and Mr. Lloyd.

THERE is an unusually good competition for the First and Second Years' Prizes, the Examinations for which take place this week. Some twenty candidates have entered their names, and we shall look with much interest for the result of the contest.

THE London University Matriculation List appears with nearly a thousand names on it. The first and third places in the Honours division have been taken by ladies, but, unfortunately, the former is disqualified by age for the exhibition. What a cruel regulation!

Hospital News.

APPOINTMENT LIST.

The following gentlemen have been recently recommended for appointment by the Medical Council, and approved by the Treasurer:—

Obstetric Residents.—Messrs. J. E. F. Hosking (Sept.), J. W. Smith (Oct.), A. E. Palmer (Nov.)

Surgeon's Dressers.—Messrs. R. S. Freeland (Mr. Durham); J. H. Bryant (Mr. Howse); F. H. Brown, H. P. O. Manning (Mr. Davies-Colley); R. G. Pollock, C. R. A. Sutton (Mr. Lucas).

Clinical Assistants.—Messrs. J. W. Emmet, J. M. Thorne, E. M. Dobinson, J. S. Richards, T. S. Coombe, N. B. Clowes.

Dressers in the Eye Wards.—Messrs. A. E. Tebb, C. M. Kitching (Mr. Higgens) (Sept.); P. Paget, W. S. Montgomery Smith (Mr. Brailey) (Sept.); F. S. Wood, R. G. P. Lansdown (Mr. Higgens) (Nov.); J. M. Gill, F. W. Hall (Mr. Brailey (Nov.)

Throat Department.—Mr. R. D. Mothersole.

Aural Surgeon's Dressers.—Messrs. C. S. Spong, A. Shillitoe (Sept. and Oct.); H. V. Hickman, J. W. Russell (Nov. and Dec.)

Obstetric Out-Patients' Clerk.—Mr. W. E. S. Cobb (2nd half).

Obstetric Ward Clerks.—Messrs. W. C. Burt, H. Richardson.

Assistant Physician's Clerks.—Messrs. A. A. Grosvenor (Dr. White), E. G. March (Dr. Pitt), H. H. Webber (Dr. Shaw).

Medical Ward Clerks.—Messrs. E. Cornish, E. H. Baldock, M. Jenkins, D. F. Roberts, W. A. Higgs, H. G. Biddle, F. D. Lumley, D. W. Samways, A. H. Meadows, D. S. Long.

Assistant Surgeons' Dressers.—Messrs. A. T. White, H. E. Durham, E. T. Lang (Mr. Golding-Bird); A. Thomas, W. Winslow, C. G. Roberts (Mr. Jacobson); J. W. F. Jewell, J. Young, W. G. Rogers (Mr. Symonds); H. L. E. Wilks, E. W. Wheatcroft, F. Wellford (Mr. Lane).

Dressers in the Surgery.—T. I Mills, E. E. Bensley, P. Lord, S. J. Roberts, A. L. Allworth, J. R. R. Pollock, V. H. Barr, T. Holmes, T. D. Lester, R. L. Wason, F. C. Young, W. H. Fisher, A. H. Godson, W. S. Frith, C. U. Thomas.

Surgical Ward Clerks.—H. E. Worthington, C. M. Braithwaite, N. Instone, C. E. Salter, J. J. Browne, J. H. Muncaster, E. G. Evans, T. B. P Davies, C. E. Moffat, C. C. Elliott, P. M. May, H. St. J. Fraser, A. T. Rake, A. M. Daldy, E. H. Cartwright.

Assistant Surgeons' Clerk.—H. B. Wilkinson (Mr. Golding-Bird).

PASS LIST.

SECOND CONJOINT EXAMINATION.

ANATOMY AND PHYSIOLOGY.

Baman Das Básu.
E. G. Evans.
W. A. Haslam.
N. Instone.
T. D. Lister.
W. D. Loveday.
G. Mackeson.
C. E. Moffatt.
R. L. Watson.
H. E. Worthington.

ANATOMY ONLY.

J. W. Eastment.
M. Jenkins.
E. P. H. Lulham.
C. G. Morice.
H. E. Sharman.
H. L. J. Wales.

PHYSIOLOGY ONLY.

A. Allport.
W. T. B. Donnelley.
C. M. Fleury.
H. St. J. Fraser.
R. E. T. Ingram.
W. C. Lawton.
P. M. May.
T. J. Mills.

FINAL CONJOINT EXAMINATION.

SURGERY.

R. H. Brabant.
T. S. Coombe.
F. F. F. Foster.
H. M. Jordan.
E. J. D. Mitchell.
F. W. Pearce.
W. J. Scott.
J. M. Thorne.
W. S. Montgomery Smith.

MEDICINE.

R. G. Pollock.
R. T. Wallace.

MIDWIFERY.

W. H. Brenton.
H. J. Holman.
A. L. Morris.
Bertie Whyte.

The above are the results as far as we have been able to ascertain.

THE DEATH OF MR. CHARLES METZGAR.

The announcement of the death of Charles Metzgar, one whose face and voice were so well known at Guy's, will be received amongst us with feeling of profound sorrow and regret. The illness to which he succumbed was typhoid fever, probably contracted on his voyage from South Africa.

Charles Metzgar was born in 1863 at Kingstown, Jamaica, where he spent the first eight years of his life. He came to England with his family in 1871. He received his education at Dulwich College, where he remained for six years. On leaving school he did not at first choose the medical profession, but spent a few years as a farm pupil in Lincolnshire. In October, 1881, he entered Guy's Hospital. Many of our readers will remember Metzgar in association with several other excellent Colonials, of whom several have been well known at Guy's from the high character of their work, the firmness of their friendships, and their power of distinguishing themselves in the sports and athletics of the old country.

As a student his career at Guy's is familiar to many. In his third year he was appointed Prosector to the Royal College of Surgeons, which office he filled for some time. In 1887 he qualified, taking the M.R.C.S., L.R.C.P., and in the following year he passed the examination for the Fellowship of the College of Surgeons, but was not at once admitted a Fellow, as he had not attained the prescribed age of 25 years.

During his last two years at Guy's he held the higher Student Appointments, including Resident Obstetric Assistant and House Surgeon. He was a keen and earnest student, and took great interest in all branches of his work, but was more especially devoted to surgery.

Distinguished as his short professional career, he will however be better remembered for his many excellent social qualities and talents. Though ardent in his work, and devoted to all that concerned his profession, he found time to devote to other matters. His favorite recreation and pursuit was the drama, in which he took particular delight. He was one of the few Amateur Members of the Dramatic Students Club, and had a large circle of theatrical friends in England and Germany, amongst whom he had already obtained some reputation as a capable and promising actor. There were few "first nights" in our London theatres, at which Charley Metzgar was not present as a capable and fastidious critic. He

was a keen and enthusiastic sportsman, and was very fond of all manly games and exercises. During his early years at Guy's, he played for the hospital team in the Rugby Cup matches.

His love of sport and adventure induced him to accept the post of Surgeon to a shooting party, which started for Africa early last January, in spite of the fact, that in so doing, he sacrificed a portion of his time as House Surgeon.

In character, Metzgar displayed many excellent and amiable qualities. He was of a genial and bright temperament, full of vitality and high spirits, and always infected those in his society with his own uniform cheerfulness. He was energetic and impulsive in his actions, and was generous and sympathetic in all his relations. He had travelled much, and spent much of his time on the Continent, and made many friends in the different cities he visited, especially at Paris and Vienna.

He keenly enjoyed his life, and possessed everything which tends to make life enjoyable. With good health, good spirits, numerous friends, comfortable circumstances, high professional qualifications and abundant energy, he seemed to have every promise of a happy and brilliant future to look forward to.

He returned to England on June 23rd, having suffered many hardships during his stay in Africa. He had felt ill and depressed in spirits for some days before he landed, and as he got no better he went to Hastings in the hopes of being benefitted by the change. He did not, however, attach much importance to this illness until July 3rd, when, getting worse, he consulted Dr. Mansell, who, suspecting typhoid fever, urged on him absolute rest. The following day he felt so much better that he returned to London with Mr. Pender Smith, at whose house he remained during his illness.

That evening he was seen by Dr. Taylor and Dr. Washbourn, who continued to attend him until the end.

He made fairly satisfactory progress for some time, but the rapidity and feebleness of his pulse had throughout caused grave anxiety. On Tuesday evening he became suddenly much worse, and Dr. Williams, of Brixton, was hurriedly sent for, and shortly afterwards Drs. Taylor and Washbourn arrived and remained with him until his death, which occurred at four o'clock on the following morning. The funeral took place at noon of Saturday, July 13, at Christ Church, Forest Hill.

Around the grave in which also Metzgar's father rests, were his relatives and friends, the latter including Mr. Jacobson, Drs. Hale-White and Washbourn, and many student friends.

QUIPS AND CRANKS.

The milk from one cow fad. A milk boy being asked by one of his fellows why he was filling a small can from his large one said, doubtless with a knowing wink, "The lady at No. 10 always has the milk from one cow."—*Bristol Medico-Chirurgical Journal.*

ON BULLET WOUNDS.

By R. A. BIRDWOOD, M.D.

The following instances of wounds caused by bullets occurred during the Zulu war ten years ago. I have no notes about them, so trust to my memory for the accuracy of this record. All the patients were British Soldiers, and were under the care of several medical men as they were passed on from the field to the base. Many Guy's men were attached to the Army Medical Department during that campaign, so, if I err, perhaps some amongst your readers will correct or perhaps add accounts of others coming under their observation.

The first was firing, in the kneeling position, when struck. In this position the right knee is on the ground, and the right buttock rests on the right heel, the right side of the body being exposed to the enemy. He had three wounds: one entering near the tuberosity of the left ischium and escaping on the left of the anus, the intervening skin and tissues being destroyed. The second wound was to the right of the anus. The third, on the inner side of the right ankle, was the final wound of entrance The bullet was embedded in the right astragalus, being surrounded with fragments of that bone and of the tibial maleolus. So that this man had three wounds of entrance and two of exist caused by the same bullet. The bullet was marked with the broad arrow: therefore it had at one time belonged to the British Government. It is said that however much the bullet may be distorted this mark persists in the little depression at the base of the bullet.

The next patient was running forwards when he was wounded. His left foot was on the ground, the right leg was raised and behind the left leg. He had two openings on the inner side of the left thigh, about six inches above the knee. They were not much larger than the cross section of an ordinary bullet, and were about three inches apart. When the structures between these two wounds had sloughed the pulsation of the femoral could be seen under the granulations. The right tibia was exposed at a spot about four inches below the knee, and the tissues of the right calf were torn extensively. In each of these it is probable that the several wounds were caused at the same time: as the men recollected all about it, and were able to describe and illustrate how it happened. The positions of the men at the time fully account for wounds so far distant on the body as the perinæum and heel in the one: and the left thigh and right leg in the other, being inflicted during the continuous flight of the bullet.

Another man had a wound close to his left elbow; there was no other external injury, but he had hæmoptysis. This man also was firing when struck; he was in the lying down position with both elbows on the ground.

In this the left arm is hyperextended so as to be in a line with the rest of the body. The left elbow would be the part nearest the Zulus. From the wound to the lung was a direct line, whilst the soldier was in this attitude. The bullet had not deviated in its course though at first it seemed as if there must have been considerable deflection after it had entered at the elbow, and from there passed on to the lung.

The following patient lived for about a fortnight after the injuries were inflicted, and his mind was clear till within a few hours of his death. Over the upper and outer angle of the margin of the right orbit, he had a skin wound of the shape and size of a red diamond. The rim of bone was injured. The right eye, roof of the right orbit and a great mass of the brain on the left side were destroyed. The inner table of the skull about half an inch above the left ear was splintered. The bullet was resting near this spot loose in the brain debris. There had been hardly any intracranial hæmorrhage. This bullet also was marked with the broad arrow. It was split from near its apex, down to about one-third of its length; the smaller part was curled over neatly to a right angle with its previous position. It was supposed that the bullet had been split and curled on striking the rim of bone. One man was wounded in the abdomen, the bullet entered near the navel and escaped a few inches further on; apparently the wall only was injured.

A bullet fired from a revolver, struck another man near the right nipple: the bullet and portions of the man's tunic and shirt were removed from under the skin on the right side, six inches or so from the wound of entrance.

A revolver was discharged close to a man: he was on his knees and elbows watching some play of his comrades. The bullet entered the back to the left of the lumbar spires, it passed through the left kidney, spleen and diaphragm. It was found in the lower lobe of the left lung. He had no hæmoptysis, although he lived till the day following the accident.

Hospital Ships, 7th July, 1889.

ANATOMY AND DISSECTION.

A HISTORICAL SKETCH.

(Continued.)

Something more must be said about Bentham's grand resolution to leave his body for dissection, in a time of intense ignorance and prejudice, as an example and a protest. It was part of his will that his body should be devoted to the purpose of improving the science of anatomy, and his body was in consequence laid on the table of the Anatomical School in Webb Street, Borough. He looked calm and serene, and presenting an appearance that might reconcile those who have the utmost horror of a dead body, to the aspect of death, and no doubt this action of the great jurist had some considerable influence in reforming public opinion.

The most recent authority, Dictionary of Natural Biography, Art. Bentham, says "He left his body to be dissected,—this was done," and adds, that "clothed in Bentham's usual attire, his skeleton is kept in University College."

In the British Museum is a copy of an unpublished work of which only 20 or 30 copies were printed. It is entitled "Auto-Icon, or the uses of the dead to the living. A fragment from the MS. of Jeremy Bentham."

I had some doubt whether there was, so to speak, a real dissection, accordingly I wrote to Mr., now Sir Edwin, Chadwick. He wrote to me to the effect that Bentham's body was not dissected in the ordinary way; it was opened for the application of some antiseptic or preservative matter in the way of embalming, and the body otherwise entire is kept at University College. The intended example would be the same. Possibly, in lapse of time, the body may have been prepared as a skeleton, but such is the statement (the letter is now before me), of Sir Edwin Chadwick, one of Bentham's three friends and executors. Bentham told his friends that they might have to brave opposition and obloquy, for feeling ran very high, but he charged them by their affection for him to be faithful to their pledge, and as Dr. Southwood Smith said in his address, "they have been faithful." I think I will leave this pure episode by itself and give the somewhat coarser details yet remaining in another short paper.

A STUDENT OF GUY'S IN 1830.

(To be continued).

Sport.

CRICKET.

GUY'S HOSPITAL v. CLAPTON.

Played on the Clapton Ground on Wednesday, June 19th, and resulted in a victory for us. Clapton winning the toss went in, and their first men played very steadily, putting in 47 runs in an hour before they were parted. Asser had a lucky innings of 60, and was out last wicket to a very smart catch off Layman by Budge. Layman was the most successful bowler, taking six wickets—two of them with successive balls—and Budge at the wicket was very good. Our first wicket fell for 81, and then Roberts and Reynolds brought the score to 120 for the second wicket. W. G. Mitchell hit about merrily for 20, but was unfortunately run out when he seemed set, and at time we had nine wickets down. Scores—

CLAPTON.

W. Low, b Reynolds	20
J. P. Lincoln, c Lang, b J. H. Bettington	28
S. A. Asser, c Budge, b Layman	60
F. H. Penchare, c Layman, b J. H, Roberts	13
C. W. L. Breur, b J. H. Bettington	14
H. Hayden, b Layman	2
A. J. East, b Layman	0

W. E. Hall, b Layman	3
— Kirts, l b w, b Layman	0
W. H. Nolloth, c Budge, b Layman	6
A. D. Parry, not out	1
Extras	8
Total	155

GUY'S HOSPITAL.

J. C. L. Shenton, b Breur	43
H. Reynolds, c East, b Kirk	55
J. H. Roberts, b Kirk	30
E. Lang, c Nolloth, b Kirk	2
W. G. Mitchell, run out	20
J. H. Bettington, b Hall	3
F. Colclough, c & b Kirk	6
J. B. Bettington, b Kirk	3
F. M. Russell, not out	4
S. G. Layman, not out	2
E. J. Budge, did not bat	0
Extras	28
Total	196

GUY'S HOSPITAL 2ND XI. v. KING'S COLLEGE 2ND. (RETURN.)

The second eleven scored an easy victory in this match, at Wormwood Scrubbs, on July 6th. King's winning the toss went in to bat on a good wicket, and seemed likely to make a good score, the first two wickets putting on 62 runs. However, the good bowling of J. W. Smith, who took five wickets (clean bowled) for 38, soon disposed of the remainder, and the innings closed for 91. We started rather badly, losing two wickets for 11, but Tuck and Wilks soon collard the bowling, and the next two wickets put on 78 runs. Tuck's innings included a five and five fours, and was most useful. Later on J. W. Smith and Coleman knocked the worn-out bowling all over the field. Scores—

KING'S COLLEGE.

K. Robinson, c Archdall, b Coleman	24
C. C. Ellison, b Tuck	32
E. Green, c W. Jewell, b Coleman	13
R. T. Ellison, l b w Tuck	4
W. H. Virgoe, b J. W. Smith	0
R. Buxton, b J. W. Smith	0
F. S. Penny, b J. W. Smith	4
A. G. Russell, c Archdall, b Tuck	1
L. D. Heather, b J. W. Smith	0
C. Brett, run out	7
F. Fitzgibbon, not out	0
H. Gentry, b J. W. Smith	0
Extras	7
Total	91

GUY'S HOSPITAL.

W. H. Jewell, b Green	3
W. K. Steele, b Robinson	5
C. E. Carpmael, b Brett	8
G. S. Tuck, c Robinson, b Brett	51
H. L. G. Wilks, st Ellison, b. Brett	25
H. W. Webber, b Robinssn	5
J. W. Smith, not out	33
J. G. B. Coleman, b Buxton	23
J. W. Jewell, c Virgoe, b Buxton	7
H. S. Archdall, not out	3
J. W. Culmer, J. H. Bryant, did not bat.	
Extras	13
Total	176

GUY'S HOSPITAL 2ND XI. v. DULWICH COLLEGE 2ND.

Played on the Dulwich College ground on July 13th, and resulted in a draw. For us Pratt and Smith put on 70 runs for the first wicket in an hour, when the latter was unluckily run out. Smith's innings included two fives and a four, and Pratt's five fours. Scores—

DULWICH COLLEGE.

Voules, c Archdall, b Coleman	13
Lawrence, b Coleman	43
Miller, c Tuck, b Coleman	7
Shand, c Smith, b Coleman	79
Parsons, c. Webber, b Coleman	2
Douglas, b Pratt	2
Henderson, c & b Pratt	4
Carey, c Carpmael, b Pratt	5
Chaponiere, not out	8
Vaughn, b Culmer	7
Riley, l b w Culmer	4
Extras	10
Total	184

GUY'S HOSPITAL.

G. M. Pratt, c Douglas, b Chapronière	50
J. W. Smith, run out	33
C. E. Carpmael, b Carey	0
E. S. Tuck, b Riley	20
H. L. E. Wilks, b Chapronière	0
J. G. B. Coleman, c Lawrence, b Carey	5
W. H. Jewell, c Chapronière, b Miller	6
H. G. Archdall, not out	0
H. W. Webber, not out	0
J. W. Culmer did not play.	
J. W. Jewell did not play.	
Extras	17
Total	131

LAWN TENNIS.

INTER-HOSPITAL CHALLENGE CUP TIES.

GUY'S v ST. THOMAS.

Played on Monday, June 17th, at Chiswick Park. Guy's won by 4 events to 2, 9 sets to 5, 82 games to 68.

SINGLES.

H. G. Biddle (G.) beat Davies (St. T.) (6—1, 6—2); D. Fuller (G.) beat S. Low (St. T.) (6—2, 7—5); Whately (St. T.) beat W. E. Sturges-Jones (G.) (6—4, 8—6).

Doubles.

H. G. Biddle and D. Fuller (G.) beat — Whately and S. Low (St. T.) (4—6, 9—7, 9—7). W. E. Sturges-Jones and C. R. Colley (G.) beat — Muller and — Stabb (St. T.) (8—6, 6—3). Knox and Davis (St. T.) beat H. J. Holman and A. G Buchanan (G.) (3—6, 6—3, 6—4).

Second Round.

GUY'S v. ST. GEORGE'S (Holders).

On Tuesday, June 18th. Guy's were beaten by St. George's, who had all the advantage of the draw, by 6 events to love, 12 sets to 0, 72 games to 28.

Singles.

E. W. Lewis (St. G.) beat D. Fuller (G.) (6—1, 6—1). A. Walker (St. G.) beat H. G. Biddle (G.) (6—4, 6—4). W. Higgens (St. G.) beat W. E. Sturges Jones (G.) (6—2, 6—4).

Doubles.

E. W. Lewis and C. Muller Anderson beat W. E. Sturges Jones and C. R. Colley (G.) (6—1, 6—1). W. Higgens and A. Walker (St. G.) beat H. G. Biddle and D. Fuller (G) (6—3, 6—3). H. Holford and Another (St. G.) beat H. T. Holman and A. G. Buchanan (G.) (6—1, 6—3)

GUY'S v. DENTAL HOSPITAL.

Played on Saturday, June 15th, at Balham. Guy's won by 7 events to love, and 1 drawn in our favour, and 1 unplayed, 15 sets to 2, 106 games to 59.

C. R. Colley and D. Fuller (G.) beat C. Preston and W. May (D.H.) (6—1, 6—4). C. R. Colley and D. Fuller (G.) beat T. C Lewis and R. A Longhurst (D.H.) (6—0, 6—1). C. R. Colley and D. Fuller (G.) beat J. N. Dunlop and C. T. Cowell (D H.) (6—0, 6—1). W. A. Haslam and C. G. Roberts (G.) beat C. Preston and W. May (D.H.) (6—1, 6—7. 6—4). W. A. Haslam and C. G. Roberts (G.) beat T. C. Lewis and R. A. Longhurst (D.H.) (6—1, 6—3). W. A. Haslam and C. G. Roberts (G.) beat C. T. Cowell and J. N. Dunlop (D.H.) (8—6, 4—4). W. C. C. Park and V. Pandred (G.) beat C. Preston and W. May (D.H.) (10—8, 2—6, 6—0). W. C. C. Park and V. Pendred (G.) beat C. T. Cowell and J. N. Dunlop (D.H.) (10—8, 6—4). W. C. C. Park and V. Pendred (G.) v. F. C. Lewis and R. A. Longhurst (D.H.) unplayed.

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Guy's Hospital Gazette,

SEPTEMBER 21, 1889.

ON THE BAD EFFECTS OF LAUGHING GAS.

By F. NEWLAND-PEDLEY.

Nitrous oxide gas is so safe as an anæsthetic that it is given to almost any patient, and, during the last three years, while the duties of Dental Anæsthetist fell chiefly on me we had no fatal case, and the only patients to whom we hesitated to give gas were those obviously far advanced in phthisis, and very stout old people. From time to time alarming symptoms arose, the breathing ceased, and artificial respiration was necessary. Occasionally we warned a patient never to take nitrous oxide again, but it was not quite clear that it was the gas that was at fault, for some out-patients brace their nerves with alcohol, and others with a full meal, just before a tooth extraction. On the whole, our experience supported the comforting dogma that anyone who is fit to undergo the extraction of a tooth is fit to take nitrous oxide gas.

The following case is an exception to such a rule :—

Mr. ———, a student in the Hospital, applied on June 21st to the assistant dental surgeon of the day, to whom he was well known, wishing to have a very bad lower molar extracted. I am indebted to the patient for the following history of his case. "He took the gas at the commencement very well, but after a few respirations the breathing became shallow. Did not turn colour much. On waiting for first stertor, patient suddenly stopped breathing and turned black in the face. Masseteric muscles became rigid. Pulse pretty good. Pupils not dilated. No attempt was made to remove the tooth at this sitting, for the patient's general condition, due to the effects of gas, was too urgent."

A week later, June 28th, patient again took gas to get rid of his aching tooth. He reports : "Was watched carefully. First few respirations went all right, and then they got shallower and shallower. Before anæsthesia was complete he suddenly stopped breathing, and turned black in the face. Pupils not dilated ; no squint. No attempt was made to remove the tooth. Easily came round. Pulse not so good as on first occasion, being slightly intermittent. No after effects from the gas beyond slight dizziness and headache."

A week later, July 5th, the injection of cocaine was tried. "Four minims of a 15 p.c. solution of cocaine were injected into the gum on each side of the stump. After an interval of eight minutes, the whole of that side of the face and gums was quite insensible to touch and felt swollen. During the operation, which lasted about a quarter of an hour, I felt practically no pain. Towards the end of the operation, I began to feel a tingling sensation in the hands and feet, and a slight buzzing in the head. After this my hands and feet got rather numb, the right side more so than the left, and the fingers of the right hand (same side as injection) became firmly extended, the metacarpo-phalangeal joints being slightly flexed. They remained in this condition for about twenty minutes, and then after a little rubbing I had proper control over them again. The anæsthesia of the right side of the face was perfect for about half an hour, and then sensation began to gradually return, complete sensibility being restored about a quarter of an hour after this ; but the tingling

of the hands and feet did not go off for about an hour after commencement. After the operation I felt somewhat faint, and the pulse was feeble, but this soon got better, and I felt no other ill effects from the cocaine."

The attempt to elevate the tooth failed entirely. A few days later, July 9th, another attempt at extraction was made under the injection of cocaine, but the quantity injected was so small that there was little diminution of the pain felt. At this stage I was consulted. At my request Mr. Cruikshank gave ether, and I gave a little gas to avoid the unpleasantness of the early stage of ether anæsthesia. The quantity of gas given was small, and the patient was watched with great care, but respiration stopped and the same train of bad symptoms occurred as before. Under the influence of ether, I readily extracted the tooth by splitting it vertically and removing the roots separately, and it was seen, by fitting the roots together afterwards, how little suitable such a case was for the use of the elevator.

At my behest, the patient has had his chest thoroughly examined, and no defects of the thoracic viscera are revealed. He has had a somewhat wide experience of anæsthetics, and has taken chloroform without unusual symptoms. The effects of the injection of cocaine upon him were far from uncommon, and were such as induced me some three years ago to abandon its injection in dental practice. He did not take ether well on July 9th, but this may have been due to the effects of the gas given with the ether. Nitrous oxide seems to exercise a toxic effect upon him, for on three consecutive occasions the same alarming symptoms arose with slight variations, probably attributable to the constitutional effects of protracted pain.

With great satisfaction one adds that within the last few weeks additional anæsthetists have been appointed, enabling a satisfactory arrangement to be made for the attendance of an anæsthetist in the dental department on each day of the week.

THREE RARE CASES OF SARCOMA.

SARCOMA OF THE TONGUE.

Joseph P., aged 65, admitted for a swelling in the mouth, which he first noticed a year ago. It was then as big as a bean, and was situated about the middle of his tongue. Since then it has gradually grown larger, but has never caused him any pain. He says he has lost weight lately. Family history good.

On Admission.—There is in the substance of the tongue a globular tumour, harder than the tissues of the tongue, and not fluctuating. It is most apparent on the left side of the frænum. This globular tumour is separated by a groove from another swelling running along the left side of the floor of the mouth from the frænum to the last molar tooth. This is softer than the other and semi-fluctuating. These two swellings appear to be connected deeper and to extend into the submaxillary region, so that with the forefinger on the floor of the mouth, and the thumb under the ramus of the jaw, they seem to be movable as one. There is a freely movable enlarged gland in the submaxillary region.

The patient can swallow easily and talk distinctly enough, but the movements of the tongue are somewhat impeded by the tumour. There is no pain. The surface is not ulcerated.

Operation.— Anæsthetic was given which he took very badly. A silk cord was passed through the tip of the tongue a little to the left of the median line. A second was passed about ½ inch on the right of the median line, and the tongue drawn forwards. The left cheek was then transfixed with a scalpel about 1½ inches from the angle of the mouth, and the cheek divided from that point to the angle of the mouth. The tongue was then pulled forward by means of the sutures, and divided along the median line with a pair of scissors for the anterior two-thirds of its length. The left portion of the tongue, including the growths, was then removed with

scissors. There was free hæmorrhage, requiring many ligatures, and the wound was then painted over with iodoform in ether. The edges of the cheek wound were brought together by hare-lip pins and sutured. The cord in the right half of tongue was left *in situ* to prevent its falling back.

The subsequent treatment consisted in painting over the raw surface in the mouth with iodoform every hour for the first day, and less frequently afterwards. He was fed with milk through a tube passed over the back of the tongue. He was discharged quite well three weeks after the operation.

Examination of the portion of tongue removed showed that there was a new growth, the size of a plover's egg, embedded in the muscular tissue. It appeared to occupy the site of the sublingual gland. There was a second nodule, separate from it, which lay beneath the mucous membrane of the floor of the mouth, as above described. Both these tumours were very soft in substance, and were composed of small round cells, remarkably uniform in size like lymphoid cells. They wanted, however, the stroma of lymphoid tissue, and the situation of the larger tumour among the muscular fibres was unlike a lymphoid hypertrophy. No trace of the sublingual gland was found among the growth.

Very few examples of sarcoma of the tongue are on record, and the majority of these are of the small round celled or lympho-sarcomatous variety.

Sarcoma of the Œsophagus.

William G., aged 70, admitted with cough which had lasted one year. Three months before his death he had dysphagia, and in a short time he was unable to swallow anything but fluid food. He complained of pain at the sternum and between the shoulders. There was no glandular enlargement to be discovered. The right side of the chest showed flattening and dulness at the apex with marked bronchial respiration, and there were râles down the whole of the right side. The attempt to swallow a portion of softened bread nearly choked him, but he continued to swallow fluid till his death, which resulted from gradual exhaustion.

Autopsy.—Body extremely wasted. Heart 10½ ozs. It showed some increase of fat on the right side, and a corresponding thinning of the wall of the right ventricle; but no true fatty degeneration. Fibroid change in the apices of the musculi papillares. There was old fibroid induration of the right upper lobe, and the pleura was so tough and cartilaginous that a knife was required to cut out the lung.

From the pleura tough ingrowths were seen penetrating and replacing the pulmonary tissue in all directions. In the centre of the upper lobe was a cavity of ancient date with indurated walls, which communicated by two or three passages with the larger bronchial tubes. Both lower lobes were almost solid from confluence of patches of broncho-pneumonia.

Liver 50 oz., showed a considerable degree of cirrhosis, the whole surface being nodulated, and its structure very hard and tough on section.

Spleen 6½ oz., its capsule converted into a very tough cartilage-like membrane.

The œsophagus presented on its anterior wall a very large new growth, which had taken the form of the tube by the moulding effect of the muscular coat. The gullet was somewhat distended by it. The tumour measured 4½ inches in length by 2 inches wide, and about 1 inch in thickness; it must thus have nearly filled the passage. Its superior edge was just opposite the junction of the bronchi, and its lower edge was therefore very near the cardiac opening of the stomach. The attachment of the tumour was not by the whole surface of one of its sides, as its edges were free, but by about two-thirds of this surface. The unattached surface was sloughy, of a greenish colour, and had a gangrenous odour. On section it appeared to be composed of a white succulent substance like encephaloid cancer.

Microscopical examination of the tumour, showed that the growth was situated in the submucous tissue, and bounded externally by the muscular coat. The mucous membrane could be traced for a short distance over the surface of the tumour, but then disappeared in consequence of the sloughing of the surface. It was composed of round, oval and tailed cells, some of which were of enormous size. There was no alveolar structure, and the tissue in no sense resembled a carcinomatous growth. It appeared to have commenced in the submucous tissue, but did not invade the muscular coat; this together with its histological characters, and the non-infection of the lymphatic glands, are the important points in which it differed from the common cancer of the œsophagus. Probably it most nearly resembled the lympho-sarcomatous growths found in the small intestine, and like them caused dilatation rather than stricture of the passage.

SARCOMA OF NECK—INVOLVING LARYNX.

History.—Elizabeth Jeanes, 21, single, under observation from December 3-10, 1887. In June, 1887, a swelling was noticed in the neck near the angle of the jaw. A fortnight later a lower molar tooth was removed which had ached for many months. The swelling gradually enlarged up to the time of admission. Patient had always enjoyed good health previously. No history of syphilis, but a family history of consumption.

On Admission.—There is a large solid tumour in right side of neck, extending from lobule of ear, below angle of jaw, nearly to middle line in front, and pushing trachea slightly to left. It also extends backwards and downwards into posterior triangle as far as the clavicle.

The right tonsil is much enlarged, hard, and ulcerated on the surface. The action of the soft palate is interfered with. Has been deaf in right ear of late. Voice harsh; breathing very noisy, especially during sleep. With each inspiration patient appears to swallow, and often clutches at her throat with her hand. Has to eat very slowly to prevent dyspnœa or regurgitation through the nose.

Autopsy.—An enormous growth was found passing deeply down into the neck, involving the internal jugular vein. The common carotid artery was free. Behind the jaw it was spreading in among the vessels. Inferiorly the tumour pressed on the trachea and apex of lung. There were enlarged glands on the left side of neck, but the mediastinal glands were normal. A mass of growth invaded the larynx, forming a large rounded mass on the right of the epiglottis, involving the arytenoid fold, and right half of larynx to a little below the true vocal cord. Thus merely a slit remained on the left side of the epiglottis whereby the air could enter.

The larynx has been presented to the Museum, and its condition now is as follows:—

There is a solid globular mass in the right half of the larynx, which pushes up the right ary-epiglottidean fold, and bulges into the laryngeal cavity, reducing the upper orifice of the larynx to a narrow semi-lunar slit. By removal of part of the right half of thyroid cartilage in front, the growth is seen to extend down to the right vocal cord between the mucous membrane and cartilage, entirely obliterating the sacculus laryngis of that side. The main portion of the growth is situated to the right of the base of the tongue, and hyoid bone, and running through it are branches of the external carotid.

A portion of this mass has dipped under the thyrohyoid muscle, perforated the thyrohyoid ligament, and so reached the cavity of the larynx where it forms the globular mass above described.

Microscopic examination of a portion of the growth within the larynx shows masses of round cells held together by a few broad strands of fibrous tissue, resembling the structure of spleen. The central parts are caseating.

REMARKABLE ACCIDENTS.

William C., aged 52, who was in the employ of a large Railway Company, working at their rapidly rising new central depôt, was, on November 16th, 1888, seized with an attack of diarrhœa, necessitating frequent visits to the workmen's closets. These closets were arranged in series, and under each seat was a metal receptacle on wheels, all of them being coupled together so that, at stated intervals, they could be removed for cleansing purposes by simply hitching on a small locomotive and running them out. Unfortunately for Mr. C., on this particular day, some repairs were necessary so that these receptacles had to be removed; and the man in charge of the engine failed to assure himself that all the compartments were empty. This want of forethought caused a very singular accident to the single occupant, for the sudden motion resulted in his being taken to the hospital minus his left testicle and 5 inches of the cord; these were subsequently recovered and carefully bottled.

Mr. C. remained in the hospital 35 days and was then discharged cured. The matter has since been discussed in the County Court, for the Railway Company offered £50 as compensation for the damage, whereas the employé claimed the sum of £340. Here, of course, *red tape* was very much to the fore, and the mutilated man was nonsuited on some technical grounds and mulcted in costs. It is understood, however, that this decision will be appealed against.

John M., aged 17, presented himself at the surgery on April 9th, 1889, with a not very deep incised wound on the left chest 1½ inches long. The point of interest in the case is, that in a quarrel with a companion he had been stabbed, and although wearing all his clothes none of these were cut. It appears that the boy had come out of the heated mill at dinner time with his jacket, waistcoat and shirt unbuttoned, but wearing a thick undervest; this was very coarsely woven, and, although the pocket-knife with which the injury had been inflicted passed through it, it was not in any way damaged. The attack was made from behind with a knife held dagger-wise, the assailant's arm being passed round the boy's neck over the right shoulder.

E. C. K.

DR. HALE WHITE ON THE SYMPATHETIC GANGLIA.

In the *Journal of Physiology*, Vol. X., No. 5, Dr. Hale White publishes a paper entitled "Further observations on the Histology and Functions of the Mammalian Sympathetic Ganglia." In a previous paper the author has collected evidence to show that, in the human adult, the superior cervical ganglion must be looked upon as an atrophied, degenerate organ like the coccyx or appendix cæci.

In the present papers are described further experiment confirming this conclusion, and also a research into the condition of the lateral (thoracic) ganglia.

The following are the conclusions drawn from the experiments described in the two papers. Firstly: in lower mammals and young human beings the collateral ganglia (if we may judge by the superior cervical and semilunar) are functionally active, but that, in monkeys, there are evidences of commencing loss of their function, which has completely disappeared in the human adult. Secondly: that, in man, the function of the lateral ganglia is maintained well into adult life and only begins to disappear in old age.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

THE APPLICATION OF EVOLUTION TO MENTAL PROCESSES.

DEAR SIR,—In apologising for again intruding upon your space with this subject, I should like to say that I sent you my former letter before any of Dr. Goodhart's articles had appeared; and had I known what was to follow I would have waited to see how far he would develope the metaphysical side of pathology, with which he has been partly occupied, and which I was wishing someone would enter upon.

I may, perhaps, now be allowed to bear testimony to the suggestiveness of his remarks to at least one reader, and venture to take for granted that the subject of mental pathology must interest us all when so capably put forward.

But, Sir, although we have a Dr. Goodhart to teach us the pathology, and a Dr. Savage to shew us the clinical phenomena, of a diseased brain, shall we be able to profit by them as we ought, or to do their efforts justice, until we know what is the normal working of the organ? In the case of other organs we have to learn well (sic) their normal anatomy and physiology first, and then their abnormal conditions, and should it not be so with the brain?

Not that the teachers of physiology are in any wise to blame for this:—for since, as Dr. Goodhart has said, the pathology of the brain in cases of insanity is not usually physically demonstrable, physiologists are not likely to be able to shew the normal working of it either. Therefore the ordinary processes of the brain can be only studied by dealing with its products, in a manner to which the physical methods of physiology are inapplicable. For the only men who professedly deal with thoughts are the metaphysicians; and their work, I again state, is of but little value in its present form to us medicals who want to bring our ideas of mental physiology into harmony with those received in our medical training.

This then is my case. Pathology owns itself incapable of demonstrating physically abnormalities of the brain, and we have to be content with the clinical evidence of it. Physiology owns its ordinary methods to be

inapplicable to the demonstration of the normal working of the brain also; and refers us to the metaphysicians to study the production of thought. But the method of these is not suitable to us, for they do not apply modern ways of thinking to their subject, nor link their theory and observations with those now taught us in the professional study of other organs.

We therefore want a teacher of normal brain processes who will observe clinically, or as a natural history student should, and who will group his facts and theories in accordance with those of the teachers in our medical schools.

Charles Kingsley (in "Yeast," p. 26) prefers to wait "till physicians have become a little more of metaphysicians" before he takes their evidence on such normal phenomena as dreams. How far then will our clients trust us—how far indeed have we confidence in ourselves—in determining those medico-legal questions which we shall be expected to answer? Ex. gr. How can we decide what is religious mania, when we hardly know what are the normal—recognized—opinions of many religious creeds? Should we not have been liable to have certified that some of those religious enthusiasts who originated some now popular creeds, were suffering from religious mania, if we had been called on to examine them? And are we likely to do so now? Take again such a case as is recorded by Serjeant Ballantine in his "Experiences" (p. 170), where, before Lord Penzance, the will of a Mrs. Thwaites, of advanced age, who had died, leaving her fortune to acquaintances, was disputed by the next of kin on the ground that she was insane at the time of making it. There was nothing to uphold the plea of insanity except the following, viz., that "She asserted that she had been chosen by our Saviour to receive Him upon His return to earth, and that this event would therefore occur in her lifetime, and she indicated the reality of this belief by making very extensive preparations for His reception, principally in the upholstery line, and there was a great deal of absurdity exhibited in the arrangements she made." Lord Penzance, without a jury, ruled the will invalid, on this evidence.

Now I believe I am correct in saying that in America there has existed a sect—the Millerites—who believed the same doctrine and similarly acted on it; one man,—a hatter—actually giving away all his stock-in-trade on the day before the expected fulfillment of their beliefs; while it was said by their opponents that they had prepared garments suitable to the occasion. They were not wealthy, I understand, but I wonder whether their wills would have been upheld if disputed?

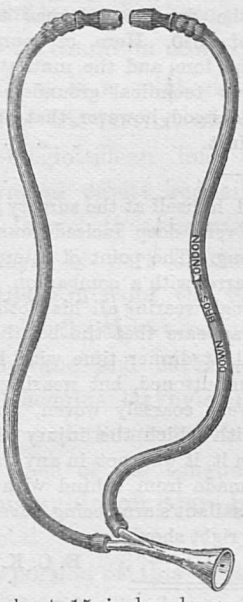
Again, if an individual thinks he hears the voices of spirits and believes himself surrounded by them, these facts are liable to be taken as sufficient evidence of insanity against him by the profession:—therefore are not the spiritualists in some danger of being judged likewise?

Or if a man wilfully acts so as to damage himself, without it being apparent that he receives a benefit from so doing, he is likely to be put under restraint as unable to take care of himself; which menaces those who practice the Christian method of benefitting oneself by suffering for others, unless there be some defined limit in the minds of experts. And there are many peculiarities of dress, fashion, belief, thought, &c., generally accepted in one age, which would be thought almost indicative of madness if practised at another time; and that which is called in fashion when practised by the many, is madness when initiated by an individual. Leaders of thought, or action—the enthusiasts of the world—have often been called insane at the time, although their doctrines have since come to be considered normal and enlightened. I submit, Sir, therefore, that we should do well to investigate these matters, looking at them with the same eyes as those we use for the rest of our medical training.

HAROLD G. DIXON.

Guy's Hospital, July 16th, 1889.

A BINAURAL STETHOSCOPE NOT IN GENERAL USE.



The Stethoscope, of which the drawing appears, is one that I always use. I first got the idea from one Mr. Tatmore Shehy showed me some years ago. His, however, was much less portable than the one shown. It was made for me by Messrs. Down Bros. I have found it to have quite as good qualities as a stethoscope as any that I have tried, with the important addition of its extreme portability. It is certainly the most portable stethoscope I have ever seen. It is, compared with other Binaural Stethoscopes, inexpensive, and is simple in construction.

It consists of the ordinary metal chest piece, two pieces of flexible rubber tubing each about 15 inches long, and two vulcanite ear pieces. These ear pieces are the only important details of construction. They are in form truncated cones, and must be made specially to fit the user's ears. They should not be too large or they make the ears sore, and if too small they drop out. If fitted properly they cause no trouble after ten minutes practice in placing them in position. I always put them into my ears with a slight screwing motion.

The only special points I claim for the stethoscope are portability and cheapness.

J. H. GIBSON, Aldershot.

Passim.

The opening meeting of the Students' Physical Society will take place on Tuesday, October 1st, at 7 p.m., to which all Students are invited.

The Photographs and Drawings made during the past year, together with Instruments, &c., will be on view from 7–8 p.m. in the Students' Club, where tea and coffee will also be provided. At 8 p.m. Dr. A. G. Barrs, of Leeds, will read a paper in the Anatomical Theatre on "Some Modern Tendencies in Medical Education."

The Chair will be occupied by our President, Dr. Wilks, and on these occasions there is usually a large muster of the Staff.

We welcome Dr. A. G. Barrs as an old and very distinguished student of Guy's, who during his career held the three appointments of House-Surgeon, House-Physician, and Resident Obstetric. His colleagues as House-Physician, were Drs. Knox Shaw and Clifford Beale. On a subject of such general interest as "Medical Education" we may expect a good paper, though the surroundings of the first meeting of the Session practically prevent anything like an able discussion afterwards. Perhaps it would be better if it were definitely understood that no discussion would take place at the first meeting.

Gentlemen are reminded that their Subscriptions to the Guy's Hospital Students' Club become due on the 1st October next, and may be paid at the Medical School Office at any time between the hours of 10 and 1 p.m. on or before that date.

The Secretary's report of the Athletic Club is most satisfactory, and reflects the greatest credit on those who laboured to collect the funds. Will the Secretaries of our other Clubs follow suit, and kindly send in their balance sheets for publication? There are some, even in these days, who take an interest in the financial position of the associations which they support, and who feel a kind of pleasure in running through the items of a well-balanced account.

The scaffolding round the College is being removed, and the bricklayer has given place to the carpenter and plasterer. Floors and fire-grates are now the order of the day. The sitting-rooms we understand will be fitted with Teale's grates, the invention of the eminent surgeon at Leeds.

There is a new Synopsis for the Materia Medica and Pharmacy Examination of the Conjoint Board, which will come into force after the first of October this year. As the list of drugs to be got up and other matters have been revised, it is important that intending Candidates should procure this synopsis.

Also we are requested to call the attention of Dental Students and others interested in that department, to the fact that they can obtain at the Medical office a complete list of the instruments required for their work, with the prices affixed.

A Boston paper relates how a dude of delicious delicacy told the daughter of a prominent official —an unusually clever young woman—that he always slept in gloves because it made his hands so soft. "Do you sleep in your hat, too?" artlessly inquired the lady.

Intending Candidates for the open Scholarship in Arts and Science are reminded that their names must be sent in to the Medical office not later than Monday, the 23rd inst. This will be the first year that we have had four entrance scholarships offered for competition, and it ought to prove proportionately

attractive to the new men. The subjects have undergone revision, especially the mathematical section.

SINCE our last issue the following appointments have been made:—Dr. E. W. Goodall, Medical Registrar; Messrs. E. H. Starling and A. H. Tubby, Demonstrators of Physiology; Mr. H. J. Campbell, Demonstrator of Biology.

DR. FELIX JONES, of Llanfyllin, Oswestry, has kindly written to tell us that a heraldic shield painted with the arms of Guy's can be obtained of Mr. Chaundy, 59, Broad Street, Oxford. It is a very handsome shield, painted in heraldic colours on oak and cost about 6s. 6d. A zinc shield could be bought at half this price. The length of the shield is about ten inches.

To all and sundry. "Query, why does the journey up the Eiffel Tower take twice as long as the return journey?" This has been sent to us as a mathematical conundrum. Will any of our readers solve it?

ANATOMY AND DISSECTION.

A HISTORICAL SKETCH.

(Concluded.)

"Rather serious, is it not?" said a distinguished surgeon lately to me, specially as to these sketches, "to find that events the like of which are within our own memory are coming near to antiquities—but we live fast now." Within my memory London that held under a million people appears to be now approaching five, and statisticians talk of nine millions in the not distant future. But to our "subjects."

Our own Sir Astley was in 1793 the professor of anatomy at the old College of Surgeons, and dissected and lectured upon the executed criminals in the yard of Surgeons' Hall. Up to 1820 the executions in London numbered at least 100 in the year; in the chief part of the reign of George III. the number was shockingly great, and so the supply for dissection from that source alone was considerable. It is almost grotesque to know that leading surgeons, whose names we must hold in respect and even reverence, had directly or indirectly to squabble and traffic for bodies, that their classes might obtain instruction in anatomy. Something of this kind may be noted in the memoirs of Sir Astley Cooper, by his nephew Bransby. But long before that, say 170 years ago, Cheselden was very busy and very successful in obtaining what he wanted of these "commodities" for his private teaching and lectures.

The names and personalities of the roughs, may I call them so, who supplied the Borough Schools were known to me, and the four to seven or eight guineas, which was their price in my time, was often enough very hardly earned. On one occasion, by a sort of tradesunion feeling, the purveyors, thinking themselves illiberally dealt with, made an inroad into the dissecting room, and in some rough way spoiled the subjects which had been obtained other than through them; on this occasion there was either a trial or a compromise, no doubt the latter; it was a delicate subject to bring before the public, and would not have answered the purpose of either the surgeons or the supply men. The leading roughs were Irish, and characteristically enough imported many of their subjects from Ireland. One or two of the resurrection men lived in St. Thomas's tents, the locality where about is now the Terminus Hotel. One of these men made his little fortune, and bought houses in Winter Terrace, opposite the County Gaol, to which he at last retired with an "easy competence;" and another with a characteristic Irish name came at last to advertise for land in which to invest his savings. Mr. Abernethy on one occasion, having need of a larger supply than usual, agreed with our Murphy at a price, but a bonus of fifty pounds was demanded before the trade could be opened; it was said that the money was paid, but that the surgeon got neither subjects nor money back.

Our purveyors became at last so unreasonable in their demands, that the students for a short time became their own resurrection men; that, however, lasted but a very short time, as they were cheated and duped on every hand, and ran in much danger of very rough treatment at the hands of the law besides.

Robert Grainger, one of the two clever brothers, superior men in every sense and fine anatomists, was a student at St. Thomas's, and in a short time became well qualified to teach others, in other words to take the position of a demonstrator, and to make a little money by "grinding," as the fagging instruction of deficient or lazy medical students was called. Grainger desired the position of demonstrator at the school, and being disappointed, he opened a very successful private school in St. Saviour's Churchyard, the square so called, and which was afterwards, in 1821, removed to Webb Street, and was hence called the Webb Street School, the same where Southwood Smith made his oration over the body of Bentham, as already spoken of. More might be said, but the more would not be pleasant.

A STUDENT OF GUY'S IN 1830.

CONTROVERSY is the surf that marks the advancing tide of knowledge.

SPECIALISATION is the mother of proficiency.

CULTIVATION EXPERIMENTS WITH THE BACILLUS LEPRÆ.

By Beaven Rake, M.D.

(*Concluded.*)

3.—Experiments in Putrescent Substances.

Arning was, I believe, the first to investigate the question of the behaviour of the *bacillus leprœ* in putrid substances (Report on Leprosy in Hawaii, 1886, Appendix, p. 53). He found that when leprous tissue was laid aside and the growth of the larger fungi excluded the *bacillus leprœ* held its own against other micro-organisms, and further that it was met with so abundantly and so laden with spores as to suggest actual increase. The bacillus was also found in large numbers on examining the corpse of a tuberculated leper which had been buried for nearly three months. Dr. Arning acknowledged that he could not definitely determine whether these bacilli were still alive and capable of reproducing the disease, but from their microscopical appearance he felt confident that such was the case. As he remarks, the question is one of immense importance with reference to the public health. If it is possible for the bacillus to multiply in the bodies of dead lepers, it would no doubt be safer for all such bodies to be burnt, even though it is not yet actually proved that the bacillus is the cause of leprosy. In connection with this subject I have made twelve observations. I have examined the question in three ways: 1. By keeping blood or serous effusion from lepers in closed vessels or between glasses. 2. By keeping pieces of cutaneous tissue or tubercle in putrid blood or serum from lepers, in closed bottles or test tubes. 3. By burying leprous tissues. The first method is perhaps of less value from the fact that I have never succeeded in finding leprosy bacilli in the blood or serous effusion of lepers. Köbner has, however, described bacilli in the blood, and it is at least possible that spores may be present in the fluids of the body, which may germinate outside the body under certain conditions. In this and in the second series of experiments I found no evidence whatever of leprosy bacilli when the material was examined at various intervals. The putrefactive bacteria seemed to have it all their own way. Of course it is possible that the leprosy bacilli originally present in the fragments of tubercle may still have been in the fluid though they may not happen to have been taken up in the pipette for examination. But even when the débris at the bottom of the vessel was specially examined, I failed to find any bacilli which retained magenta. It seems therefore fair to conclude that there was no increase of bacilli in these putrid fluids, and that very possibly the original bacilli became more or less destroyed or altered by maceration. This in in accord with what I have observed when leprous tubercles have been allowed to remain for long periods beneath the skin of fowls as described earlier in this Report. Only a few badly stained bacilli were found among the caseous débris; the bulk of the bacilli seemed to have been destroyed with the tubercle. Similarly in an observation in which a fragment of femoral gland from a mixed leper was kept in sterilised ascitic fluid. Five months later the fragment was still lying at the bottom of the test tube; there was no putrefaction, and microscopic examination showed large swollen cells with bacilli in their interior. These however did not retain magenta after the action of nitric acid. It would thus appear possible that bacilli after prolonged maceration may become so changed as not to respond to the ordinary colour test. This may partly explain the apparent absence of the original bacilli in putrid fluids.

To test the third point—the behaviour of the *bacillus leprœ* when buried—various parts of three lepers, two mixed and one tuberculated, were buried about six inches below the surface of the earth. The remains were examined after one, two and a half, three and four months. In the first case the experiment was practically vitiated, for it was found that parasol ants had been excavating where the tissue was buried with the result of disturbing its relations to the surrounding parts. These examinations of the earth failed to show leprosy bacilli. In the next case, after a month a little slimy débris was found with a faint smell. Specimens of this material and of the earth, one inch laterally, and six inches from the surface of the ground were examined. After the action of magenta and nitric acid, deeply stained cells and rods were found in the débris and its immediate neighbourhood, whilst further off a good many more or less stained rods were found. I am, however, very doubtful whether these were leprosy bacilli. They looked too large. Possibly their retaining the stain after the action of the nitric acid was due to an admixture of earth which protected them to some extent from the action of the acid. Another examination six weeks later gave a similar result. Earth worms and their eggs were also found, and fluid from the embryo worm in the egg was stained as it was thought that possibly these worms might be instrumental in bringing up bacilli to the surface, as was found by Pasteur when examining the buried carcases of animals dying of anthrax. No undoubted bacilli were found in any case, only the dark rods above-mentioned. In the third case after four months the bones of the tuberculated hand were dug up; but examination of the earth, at various distances from the bones, failed to show any bacilli at all. I cannot therefore agree with Dr. Arning as to the power of resistance of leprosy bacilli to putrefaction; much less have my observations convinced me that they have any power of germinating under such circumstances.

Conclusion.

In concluding this Report, I can only regard it as a meagre contribution to our knowledge of the life history of the *bacillus leprœ*. An inquiry of this kind is practically endless, so varied are the conditions of temperature, time, nutrient medium, living animal tissue, or putrescent substance, and so many are the observations necessary to avoid or lessen the risk of errors of experiment.

Such as they are, however, my conclusions are the result of four years' work, and I here summarise them.

1. At a tropical temperature and on the ordinary nutrient media, I have failed to grow the *bacillus leprœ*.

2. In all animals yet examined I have failed to find any local growth or general dissemination of the bacillus after inoculation, whether beneath the skin, in the abdominal cavity, or in the anterior chamber. Feeding with leprous tissues has also given negative results.

3. I have found no growth of the *bacillus leprœ* when placed in putrid fluids or buried in the earth.

Sport.

THE PAST CRICKET SEASON.

Our season which has just closed has been on the whole very successful; we have only suffered one overwhelming defeat, and that was at the hands of Reigate Hill, who are always too strong for us. The Crystal Palace as usual also beat us, but this year by a much narrower margin than they have done before. Our worst loss was in the Hospital Cup Tie against St. Thomas': in this case we ought certainly not to have been beaten, but, judging from the day's play, the better side won. We unfortunately won the toss, and the ground did not play as had been hoped for, especially while our men seemed quite "off colour," with the exception of Lang and W. G. Mitchell: and the enforced absence of Colclough possibly did not improve matters.

It is folly to be wise after the event, but we must profit by the experience, which has proved most disastrously, that the Hospital Cup is liable to change hands; and if our late defeat will serve to stimulate the few cricketers we have, possibly we may look forward to next season in the hope that it may return here.

Out of 12 matches played, 6 have been won, 3 lost, and 3 drawn. Among our victories we can include Beckenham, The Surrey Colts, Clapton and The Philberds—a quartette of which we may be proud—and the draw against Upper Tooting was practically a win.

In batting we have been decidedly weak; Colclough has been able to play but little, and only got into form about the last match. Reid was away for the later matches, when he was several times much wanted; and J. H. Bettington seems to have scored heavily wherever he might have been playing, except when representing the Hospital.

Our bowlers were above the average, and although Bettington seemed quite unable to bat, the following figures show he could bowl:—

44 wickets ... 308 runs ... 1055 balls
average 7 runs per wicket.

It will not be out of place to refer to some of his best performances. Against Beckenham he was most successful, and our hard-earned victory was principally due to him. At the Oval he took 5 wickets for 41 runs; against the Crystal Palace 5 wickets for 34; at Norwood he seemed quite unplayable, and secured 5 wickets for 7 runs; and, finally, against The Philberds he captured 6 very good wickets for 27.

Layman, on his day, has been most useful, notably at Clapton and Upper Tooting, but, unfortunately, he is but seldom "so disposed;" while Lucas and J. B. Bettington have bowled consistently throughout the season.

Our fielding has never been good, but, at the same time, when playing our best teams, seldom bad. Lucas at slip has brought off several wonderful catches, and Wilks in the deep field has also held some good ones; and Busteed at the wicket has shown lots of improvement.

With reference to our prospects next year, at present there is certainly a very cheery outlook; we only lose one man, Busteed: his loss will be much regretted, however, for he has taken his place for four seasons and come on considerably, especially to fast bowling, being very plucky and not easily tired. In batting he has not justified the promise he at one time showed, but nevertheless has played some very useful innings, especially at critical times.

Having our four bowlers available, with W. G. Mitchell and Reid as occasional changes, and Colclough for another year, we should have a good nucleus; and if only we can find among the freshmen a couple of good bats, a wicket keeper to replace Busteed, and possibly a slow bowler; the Guy's Eleven of 1890 ought to give a lot of trouble to any of their opponents;—and, in addition, we have Wilks, Lang, Hewetson, and Tuck to fall back upon.

Before closing, a word of so of thanks must be given to our old veterans who have helped us now and then when we have been weak and our regular men away—Scott, Cruikshank, Thompson, J. H. Roberts, and, finally, our ever-green G. W. Mitchell, have all given us valuable assistance; and Budge, when Busteed was hurt, showed that if he had not been out of his year, our regular wicket keeper would have had a "proxime accessit."

A meeting will be held as soon as possible after the commencement of the session to elect officers for next summer.

THE CRICKET CLUB (1ST XI.)

Matches 12 ... Won 6 ... Lost 3 ... Drawn 3

AVERAGES—BATTING.

	Runs.	Innings.	Times not out.	Highest Score.	Average.
F. Colclough ...	238	10	1	62	26·4
W. G. Mitchell	186	12	2	45*	18·6
C. R. Lucas ...	111	8	2	30	18·3
E. Reid	155	10	0	52	15·5
J. B. Bettington	130	14	3	27	11·9
J. H. Bettington	121	13	1	30	10·1
E. J. Lang	81	8	0	38	10·1
J. H. Busteed...	75	9	1	34*	9·3
S. G. Layman	83	10	1	25	9·2
H. L. Wilks ...	25	5	2	11*	8·1
E. Hewetson ...	33	7	0	20	4·5
E. S. Tuck	24	5	0	12	4·4

W. K. Steele ...	9 ...	6 ...	0 ...	5 ...	1·3
G. W. Mitchell	10 ...	3 ...	0 ...	6 ...	3·1
F. M. Russell ...	15 ...	3 ...	1 ...	6 ...	7·1

and the following have had 2 innings: Messrs. Yorath, Biggs, W. J. Scott, J. D. Cruikshank, H. Austen Smith, and J. H. Roberts.—And Messrs. Featherstone, Shenton, Thompson, Sturgess-Jones, Budge, Meyrick Jones, Colman, Cresswell, Chapman, *have had one innings*

BOWLING.

	Wickets.	Runs	Balls.	Average.
J. H. Bettington ...	44	308	1055	7·0
C. R. Lucas	20	160	517	8·0
J. B. Bettington ...	19	309	927	16·5
S. G. Layman	18	129	532	7·3

G. W. Mitchell has taken 12 wickets, and W. G. Mitchell 7 wickets.

GUY'S HOSPITAL 2ND XI. v. CHRIST'S COLLEGE 2ND XI.

The Second Eleven concluded the season on July 24th, beating Christ's College, at Finchley, by four wickets. Christ's College, winning the toss, went in on a wet wicket, and remained in for over two hours, mainly due to a long stand by the tenth wicket. Colclough took four wickets for 27, and Wilks, three for 19. We had an hour and a half to make the runs, and, thanks to the hard hitting of Colclough, Smith and Tuck, this was effected just before time. Score:—

CHRIST'S COLLEGE.

F. Carpmael, b Tuck	0
J. de Villiers, c Smith, b Colclough	9
J. Langhorne, h w Tuck	0
R. H. Gahagan, c & b Tuck	11
J. Lane, b Colclough	5
B. C. O'Dowda, b Wilks	10
H. S. Smith, b Colclough	1
C. E. Liddell, b Wilks	8
A. J. Stewart, b Sturges-Jones	0
R. H. Conolly, b Wilks	21
A. Williams, b Colclough	20
A. Arnold, not out	4
Extras	15
Total	113

GUY'S HOSPITAL.

F. Colclough, c Lane, b Gahagan	49
E. J. Lang, b Conolly	4
J. W. Smith, b Gahagan	21
W. E. Sturges-Jones, b Arnold	5
E. S. Tuck, not out	20
W. K. Steele, l b w Arnold	3
W. Eccles, not out	6
H. L. E. Wilks, run out	5
H. W. Webber, W. H. Jewell, H. S. Archdall, W. G. Rogers, did not bat	
Extras	4
Total	117

SECOND ELEVEN—SEASON 1889.

The Second Eleven have had a fairly successful season. Of 13 matches on the card, 5 have been won, 3 lost, 1 drawn, and 4 scratched. There has been marked improvement this year in every department of the game, though the want of a good bowler was at times felt. The batting and fielding have been much better than in previous years, especially the former. Appended are the averages:—

BATTING.

	Number of Innings.	Total Runs.	Highest Score.	Averages.
H. L. E. Wilks (captain)	7 ...	71 ...	26 ...	10·1
W. H. Jewell	9 ...	60 ...	19 ...	6·6
J. H. Yorath	4 ...	103 ...	46* ...	25·7
E. S. Tuck	4 ...	128 ...	51 ...	32
J. W. Culmer	6 ...	26 ...	11 ...	4·3
W. K. Steele	3 ...	27 ...	19 ...	9
J. W. Jewell	5 ...	26 ...	13 ...	5·2
J. W. Smith	2 ...	87 ...	33* ...	43·5
W. G. Mumford	4 ...	19 ...	14 ...	4·7
S. C. Cresswell	3 ...	25 ...	17 ...	8·3
F. G. Philps	3 ...	5 ...	5 ...	1·7
R. L. Wason	3 ...	23 ...	14* ...	7·6
T. G. Stevens	3 ...	9 ...	6 ...	3
J. J. Biggs	2 ...	31 ...	19 ...	15·5
J. G. Coleman	3 ...	28 ...	20 ...	9·3
H. S. Archdall	3 ...	13 ...	5 ...	4·3
W. G. Rogers	3 ...	5 ...	4 ...	1·6
H. W. Webber	7 ...	28 ...	11 ...	4

BOWLING.

	Number of Balls.	Runs.	Maidens.	Wickets.	Average.
J. W. Culmer	265 ...	111 ...	11 ...	14 ...	7·9
E. S. Tuck ...	166 ...	53 ...	12 ...	10 ...	5·3
T. H. Yorath	243 ...	91 ...	22 ...	15 ...	6·1
H. W. Webber	90 ...	31 ...	4 ...	4 ...	7·7
J. W. Jewell ...	130 ...	75 ...	4 ...	7 ...	10·7
J. G. Coleman	165 ...	77 ...	8 ...	9 ...	8·5

H. W. WEBBER, *Hon. Sec.*

GUY'S HOSPITAL ATHLETIC CLUB.

DR.

	£	s.	d.	£	s.	d.
To Subscriptions from Staff	38	5	0			
Money held by C. R. Lucas, Esq.	5	0	0			
Sir Henry Peek, Bart.	1	1	0			
H. Hucks Gibbs, Esq.	2	2	0			
J. S. Morgan, Esq.	5	0	0			
H. Cosmo Bonsor, Esq., M.P. ...	2	2	0			
				53	10	0
Collected from Students—						
F. C. Stearn	4	18	0			
E. S. Tuch	4	6	6			
G. T. Sichel	3	0	0			
J. W. Jewell	2	8	0			
E. E. Landon	1	2	6			

J. H. Bryant	0	7	6		
L. E. James	12	16	6		
J. Eastment	1	17	6		
				30	16 6
Sale of Programmes	2	0	0		
„ United tickets	0	5	0		
Gate money	0	2	6		
				2	7 6
Balance from 1888	1	13	8		
Further subscriptions, 1888 ...	0	14	0		
				2	7 8
				£89	1 8
To Balance for Season 1889–90				£24	2 5
CR.					
Money paid for Long Jump, 1888 ...	1	5	6		
By Deficit from 1888	14	6	6		
A.A.A. for registration ... ... May 30th.	1	1	0		
Stamps, 7s. 6d.; expenses to Balham, 9d.	0	8	3		
P.O.O.'s, 7d; expenses to U.H.A.C. meeting, 8d.	0	1	3		
Expenses to U.H.A.C. meeting... June 19th.	0	0	8		
Cards for prizes, 4d.; cab, 3s. ... June 20th.	0	3	4		
Lewin for rosettes	0	7	6		
Ash & Co. for printing	3	11	3		
Subscriptions to U.H.A.C. ...	7	7	0		
Band (7th Surrey)	7	7	0		
Fairbairns & Sons for prizes ...	21	10	0		
S.L.H. for ground	2	10	0		
G. Mulley (refreshments for band, reportors, also use of tent ...	1	3	1		
Band race	0	17	6		
Bouquet	0	15	0		
Pistol, caps, powder, worsted ...	0	2	6		
Attendant to telegraph board ...	0	4	0		
„ „ turnstile	0	5	0		
„ „ cloakroom	0	1	0		
Brow Holloway (time-keeper) ...	0	10	0		
Fairbairn's man, 2s. 6d.; Parsons, 2s....	0	4	6		
Programme boys, 7s.; gloves for same, 1s. 7d.	0	8	7		
Envelopes and paper, 3s. 6d; photograph, 4s.	0	7	6		
P.O.O., 4d.; hire of stopwatch, 1s.	0	1	4		
				64	19 3
By cash in hand				24	2 5
				£89	1 8

Audited and found correct by H. L. E. WILKS and W. G. BEYTS.

LEONARD E. JAMES,
Hon. Sec. and Treasurer.

18th July, 1889.

THE sermon was long, and to the schoolboys, who were choir and congregation combined, it certainly seemed dry after an extra good dinner on a sultry afternoon. Yawning could hardly be prevented, as the involuntary muscles of the schoolmaster's otherwise solemn face had started that peculiarly catching complaint, he having been compelled to "sit out" that very sermon annually for ten years. Sleep however was strictly forbidden, and sternly punished. The one thought in the minds of these tortured saints was "how long," &c. Now the service was generally over at 4, and although they had the son of a policeman among them, not one of the saints possessed a watch. The church clock was at their backs, so were the high pews. Difficulties are for the ingenious and the brave. By raising his body steadily and keeping his eye well to the front one youngster managed to o'ertop the pew, a glance round at the clock and down he bobbed; this action was quickly repeated by another boy, and the time o'day was passed round. The Vicar was aged and very near-sighted, but he caught the third adventurer *in flagrante delicto*, and placing his fore-finger on the line to prevent his losing the place, thus severely addressed the delinquent:—"*If you do that any more I will begin the sermon all over again!*"

APPOINTMENTS.

HEWLETT, C. W., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Coventry Hospital.

PERKS, R. H., F.R.C.S. Eng., appointed Medical Superintendent of the Adelaide Hospital, South Australia.

VACANCIES.

EVELINA HOSPITAL.—House-Surgeon. Latest date for application, Monday, 23rd inst.

OPHTHALMIC ASSISTANT.—Applications by the 21st inst.

SENIOR HOUSE-PHYSICIAN for Five Weeks.—Applications by the 21st inst.

Marriages.

AYMARD—WOOL.—On the 5th inst., John L. A. Aymard, M.R.C.S., L.R.C.P., of Ipswich, to Amy Constance, daughter of Bright Wool, Esq.

COLQUHOUN—LETCHFORD.—On September 10th, W. B. Colquhoun, of Stoke Newington, to Alice Jane, daughter of the late Frederick Letchford.

Advertisement.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

Guy's Hospital Gazette,

SEPTEMBER 28, 1889.

GUY'S HOSPITAL.—Founded A.D. 1722.

Thomas Guy, at whose "sole cost and charges" this Hospital was founded, was born in the year 1645, in the Parish of St. John's, Horselydown. While he was still a child his father died; and his mother removed with him to Tamworth, her native town. In the year of the Restoration, at the age of 15, he was brought back to London, and bound apprentice in the Porch of Mercer's Chapel in Cheapside, to Mr. John Clark, Bookseller. In 1668 his apprenticeship ended, and he became a Freeman of the Stationers' Company of the City of London, and in the same year he started in business with a capital of about £200, at the "little corner house of Lombard Street and Cornhill." Five years later he became a Liveryman of the Stationers' Company. His business flourished, and he gradually acquired wealth. He printed a large number of Bibles, having obtained from the University of Oxford an assignment of their privilege. He also published books as well as printed them. In course of time he was chosen Sheriff of London; but he paid the fine and declined to serve. In the year 1695 he was returned to Parliament as member for Tamworth; and he subsequently sat in all Parliaments from the third of William the Third to the first of Queen Anne. From an early period of his successful career he appears to have been actively engaged both publicly and privately in works of benevolence and usefulness; and as his wealth increased he contributed more and more largely to relieve the wants, and to promote the well-being, of his necessitous and

suffering fellow-men. He spent so little of his money on himself that he incurred the reproach of parsimony, or of meanness. But beside his public munificence, his private acts of charity were many and great, as testified after his death. To his poor though distant relations he made stated yearly allowances. He frequently paid the sums necessary to discharge Insolvent Debtors from prison, and to reinstate them in business. He was constantly ready to advance money, without charge for interest, to enable young men, whom he knew to be deserving, to start in business.

"When he met with such diseased and friendless objects as wanted the help of an Hospital, he used to send them to St. Thomas's (of which Institution he was a Governor), with directions to the Steward to supply them, at his expense, with clothes and such other necessaries as are not provided by the Hospital." Among his more public acts of benevolence the following may be mentioned:—He subscribed liberally to the Fund for relief of the inhabitants of the Palatinate (1709). He made large benefactions to the Stationers' Company, and to Christ's Hospital. He built, maintained during his life, and endowed by his Will, Almshouses, and a Free Library at Tamworth. In 1707 he built and furnished three Wards in St. Thomas's Hospital, for the reception of sixty-four patients, and contributed one hundred pounds yearly towards their support. At a later period he expended some three thousand pounds further in improvements or repairs of the same Hospital, or in addition to its funds. In the words of Maitland, the historian, "he was a man of unbounded charity and universal benevolence. So was he likewise a great patron of liberty, and the rights of his fellow subjects, which to his great honour he strenuously asserted in divers Parliaments whereof he was a Member."

In the year 1720 his wealth was increased by the advantageous sale of his investments in the South Sea Stock. He was then able to carry out what appears to have been a long cherished and carefully considered scheme—the foundation of the Hospital which bears his name. At Christmas of this year he leased, for the term of 999 years, the piece of ground upon which he proposed to build, and which still forms an important portion of the site of the Hospital. During the ensuing year the ground was cleared and prepared; and building was begun under the direction of Mr. Stear, as Architect.

On the 24th September, 1724, Guy made his Will. He survived long enough to see the building completed; and then, on the 27th December, he died in his eightieth year. In little more than a week the Hospital was opened; and on Thursday, 6th January, 1725, sixty patients were admitted. On the 6th April following, the first Committee of Governors was held; and, on the 9th, two Physicians and two Surgeons were formally appointed.

By his Will, Guy bequeathed numerous legacies and annuities to a great number of his relations, as well as others to various Charitable Institutions. The residue of his property he left for the endowment of his Hospital, and to provide for the maintenance in it of four hundred patients. The sum expended during his lifetime in the building and furnishing of the Hospital, together with that received for its endowment under his Will, amounted to little short of two hundred and fifty thousand pounds. The benefits conferred on the world by this munificent Foundation are incalculable, and are ever increasing. And the memory of the Founder may well be held in reverence.

(To be continued.)

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

ON BECOMING A MEDICAL, AND ESPECIALLY A GUYITE

BY ONE WHO DID IT LAST YEAR.

A certain father, known to the writer, has, just now, like so many other fathers, a son to dispose of. Almost was he persuaded to place his offspring in the fertile soil of Guy's Hospital Medical School, in the hope that a fortune and a baronetcy might be garnered fruit in the future, when he chanced to light upon the "Word of Warning" recently published by the *Lancet*. Now, that father's "soul is sad, and his glance is glum," and he has other views for his son.

It is, doubtless, highest wisdom on the part of the *Lancet* and other organs of medical opinion, jealously to guard the door of an overcrowded profession; but, after having inscribed the legend "abandon hope all ye who enter here" on the outside of the portal, it would be kind afterwards to modify the inscription on the other side of the door, and to encourage those who have risked entry in spite of the warning, by confessing that, with the best of motives, they have been previously talking "rather tall." It is, of course, little short of insolence on the part of any young man to expect to make a living nowadays. When he urges, like the prisoner at the bar on a well-known occasion, that "a man *must* live"; Society replies, like the Magistrate on the same occasion, that it "fails to see the necessity." We must therefore admit, maybe, that the prisoner's contention is indeed not axiomatic in these days, but the *Lancet* ought, at the same time, to allow that the medical profession offers at least as fair a field for *trying* to make a living as does any other. Certain it is that, of all the professions which involve an application of scientific knowledge to the wants of humanity, medicine is the most hopeful; and there are some of us who would rather deal with Nature in our life work, be the reward never so small, than have our minds always engaged with the empirical and the conventional. Statistics show that the qualified medical man may, if he be at the same time a gentleman, make absolutely sure of his bread and cheese, and that he has every reasonable hope of adding thereto something in the nature of cakes and ale. We cannot hope for the privileges of some other professions it is true; unlike the Church and the Bar, Medicine does not contribute to the Upper House; but, when we come to have Life Peers and a Department of Public Health, I look forward with confidence to beholding Medical Lords as well as Law Lords and Bishops. Imperial Sanitation is going to attain to great dignity and importance some day.

It is true, also, that a physician or surgeon is very seldom able to make money without fairly working for it; Retainers, Refreshers, and such like professional joys, being unknown to them. But let us remember for our comfort, O, fellow beginners, though strictly in parentheses, that we may come in time to receive fees for setting examination papers in anatomy and materia medica; and the present writer, speaking as an examinee, and in the hope that his identity will not be discovered, ventures to express an opinion that that is the very easiest paid work in the world!

Let us hope, then, that all who join the ranks of Guy's Students for the first time this year will forget all about that *Lancet* dirge, and will believe that a little hard work will put them fully abreast of their friends who have chosen other professions. Concerning their choice of a hospital, well, I am not going to descend to argument in favour of Guy's. I would rather bid the new-comers wait until they have absorbed a little of the atmosphere of the place, until they have been introduced to the *genius loci*. It will take but a very little while to make them join the army of Guyites who believe in the place, heart and soul.

Certain buildings and localities have an individuality of their own, which rises strong above mere associations with place, and impresses itself on the mind, favourably or unfavourably as the case may be, but always deeply and unmistakably. It is with places as with persons; some possess this strong individuality, the influence of which none can escape; others are purely colourless, and have no such power of impressing. This is a question which has been treated of in the psychological romances of Hawthorne and Edgar Allan Poe. I am not going to attempt to enlarge upon it here, but feel certain that most Guy's men will bear me out in saying that the *genius loci* of the old hospital has a very strong personality; it is a spirit which may be always called up wherever in the world the Guyite finds himself, and always makes him wish to be back in its native haunts. For myself I came under its spell some years ago, long before I joined the school. *A priori*, from an æsthetic point of view, I might have preferred Bart's, with its cloister-like quiet and exclusiveness; but the spirit of Guy's got hold upon me, and I have never since wished for other surroundings. In particular I remember one sunny afternoon in the early summer, a few months after I first knew the hospital. Patients were being carried into the park for the first time that year, and red coverlets were dotted about on the grass. The plane trees were waving above Clinical, and through their green branches could be seen the rich red of the tiling on the west wing of the old 'Guy's House;' while, on the steps of the colonnade, was a picturesque group of students (for even the modern young man can be picturesque, if he be far enough away and well grouped.) On my right were of course the medical wards, ugly perhaps in themselves, but serving with their grey tints as an effective contrast with the rest of the scene. Perhaps, to be quite honest about one's æsthetic appreciation of the picture, I ought to add that a group of sisters and lady probationers, with their graceful drapery had just descended from the colonnade, and were wending their way towards the medical wards. I honestly crave pardon for my impertinence, if such it be, but I cannot help recording here my admiration for the graceful way in which the Guy's ladies wear their untrimmed and unadorned dresses. I think, perhaps, it is to the train that much of the effect is due, which,

though somewhat long one would think, for the sweeping of microbic floors, is of such exactly right proportions artistically. Altogether the picture I have been trying to describe is such as whoso hath eyes to see may enjoy any day in the summer; for the rest let them enjoy their laugh at what I have written.

But I must not forget that I am supposed to be writing for those about to become Guyites; not for such as have already the flavour.

It is not, of course, upon this *genius loci* alone that Guy's depends for its hold upon its students. If I were asked to say what has been the most characteristic thing of all about our school, I should say it was the intensely personal relations which the staff have always cultivated with the students; this is the very fount and origin of the hold which the school has on the minds of the latter, and the reason of our historic and continuous success in all final examinations. The old School is going to play the Phœnix now in some things, and the Hospital itself has, in the last decade, gone through a "baphometic fire baptism," as Tammy O' Chelsea would say; but we will all pray that the new era will not lose that old tradition of personal relation between teacher and pupil which has been the making of us.

One of the humours of being a first year's man is the assumption of all one's friends that, after a month or two of hospital, one is to all intents and purposes a medical authority. I had not joined Guy's more than about a fortnight, when a connection of mine consulted me with all earnestness about a certain deep-seated trouble of her own. I did not tell her so, but I was ignorant of the very anatomy of the erring viscus which she complained of; as the schoolboys say, "I had not got as far as *that*." If only the good lady could have derived benefit from an enumeration of the parts exposed on removal of the gluteus maximus, or could have been comforted by two, or even three, methods of preparing hæmoglobin, *then* I should have been equal to the emergency! All first year's men enjoy this sort of thing.

But these premature consultations are less embarassing to the beginner than is the conversation of his friends who "do not believe in doctors, don't you know." This class of person, to judge from what one hears, is becoming alarmingly common, but it is comforting to note that they are amongst the first to call in the doctor for a very small ache or pain. The fact is, we must expect a generation or two of these professed sceptics. Half-educated patients have lost their superstitious respect for the art of medicine, and they have not yet attained to a rational understanding of its limitations, or of its real powers; they expect omniscience at five shillings a time. Let us be patient with them and take their five shillings. As for that other candid friend of the young student who tells him that "you doctors are by no means an unmixed blessing, you minister to the survival of the unfit, you put a premium on vice by rescuing it from its natural nemesis, &c., &c.." Well, we will grant him his logical position, and then just go on to our Final Conjoint with a clear conscience. We have all read our Spencer, but we have read other literature as well.

We may take comfort in the midst of those wet-blanket critics. The medical man, after all, is bound to his fellow-men by bonds which have their origin, on the one hand, in the lower, and on the other, in the higher instincts of humanity; firstly, in the craven fear of personal suffering, secondly, in the desire to do all that can be done for the sufferings of others.

But these bonds, which will last for all time, may probably saddle the professor of the healing art with a new responsibility. It is not unlikely that, in the near future Medicine will have to justify Science to the Democracy. I read a thoughtful article somewhere, awhile ago, entitled the "Future Martyrdom of Science," in which the writer suggested the possibility of a new persecution of science, not this time by an Inquisition, but by a public opinion composed on the one hand of the ideas of a crudely utilitarian democracy, and on the other fostered by the teachings of such thinkers as Ruskin and Oscar Browning, to whom the spirit of investigation is but "disgusting curiosity," and the method of experiment a snare and delusion. Lavoisier was told before they took him to the guillotine that the Republic had "no need of chemists;" but the Republic will always have need of doctors, and, as I have said, it is but another responsibility for the latter that they must be prepared to justify science to the utilitarian and humanitarian public.

One way and another, indeed, the medical man is coming to have so many responsibilities, and at the same time so much criticism, that he is justified in walking about with a little of what the French call *tête montée*; and this is an attitude we commend to the new First Year's Men. To have a "guid conceit" of one's profession is the best of all things to start with. H.

WHAT DEGREE SHALL I TAKE?

This question will present some difficulties to the Student who has little or no knowledge of the ways of the profession at the time he enters the Hospital. For those who are already graduates of a University, or who have near relatives in the profession, these difficulties do not exist. The former will doubtless proceed to a degree in medicine of their own University, while the latter class has probably long since become acquainted with such details. My remarks thorefore are not intended for them. At first sight the question may not appear to the new Student to be one of immediate importance,

but this is quite a mistake. His whole curriculum will be shaped by the answer given, and a false start in a race is surely an error.

My first word of advice, then, is, *Consult some senior friend, or one of the Teachers;* they will be in a position to consider your circumstances and to counsel you as to be wisest course to adopt. But this seems like thrusting the burden of the reply to the question which forms the heading of this article upon another's shoulders. And so in truth it is; for the conditions are so complex, and the circumstances so varied which have to do with the prospects in life of a number of individuals, that one cannot hope to say much of real value to them in a few general remarks.

The degrees usually taken by Guy's men are the Membership of the Royal College of Surgeons, England (M.R.C.S.), and the Licentiate of the Royal College of Physicians, London (L.R.C.P.), and these are granted by the Conjoint Board of the two Colleges. The average time spent in obtaining these degrees is five years, though it is quite possible to pass the final examinations in the fourth year from the commencement of study. The longer course is recommended if the extra year is spent in increasing your experience by doing appointments and clinical work, but not if it is to be merely wasted over the elementary work of the first two years. By this I mean that if a Student spends three years in passing the primary examinations which can easily be completed in his first two years, then he loses a whole year which might be devoted to ward work and the many special branches of medicine and surgery on which he will depend for daily bread. With this double qualification, as it is called, the young doctor is thoroughly well equipped for general practice; although he has not at present the right to put "Dr." on his door-plate: I hope he may soon get that right. The ambitious man, however, (and Guy's men are always ambitious), will feel perhaps that he would like to be a Fellow, or a *real* Doctor, or something at least a little out of the common. Be it so; his wishes are easily gratified. Easily did I say? No, not easily; it will require steady, earnest work, and our capacity for this we do not know till we have tried it. That nothing great was ever done without steady work is a truism: it is equally true that the power of keeping steadily at work needs much practice, and is itself a great thing. But hard work is by no means the only consideration with regard to the so-called higher degrees. Time and expense and future prospects must be reckoned with; perhaps intellect too. Money of course is the most important of these items, and, in some shape or form. will enter into almost every calculation. Of late years the starting in practice after getting duly qualified has become a difficult business, and it is quite a question whether a man with, say, £1000 to spend on his professional education, &c., will do financially better by reserving half that sum to procure a share in a practice, and by qualifying in the shortest possible time on the remainder, or by spending the whole sum in gaining good degrees and a thorough knowledge of his art, trusting to what may "turn up" for a place to settle down. Again, run through the list of Students belonging to any two or three years you may happen to know well, and see who have done the better, the men with high degrees and no money, or the men with ordinary degrees and a little money.

But let us look at the matter from another point of view. Degrees are nothing in themselves save as the indices of work accomplished, as the coins or tokens of a professional currency. To the public they mean nothing; to us they are the representatives of so much more clinical work performed, and of so much more experience gained as the longer residence at a large hospital (metropolitan or provincial) necessarily entails. Rest assured, that however well you may have spent your time at the hospital,

you will be handicapped—at least in your younger days—by the want of a transferable certificate of the same in the shape of a good degree. Most men need a stimulus to work, or at least require some guide to the expenditure of their energies; and in a good degree we have a wholesome object to attain, while the approaching examination serves as a salutary stimulus. I have often heard Students say that they felt quite unhappy now that they had no other examination to work for. The actual examination has its terrors possibly, but the steady preparation for it is a pleasure. How many of us could say that we should have got up this or that subject even if it had not been in the syllabus!

One more reason why you should become as proficient in the practice of your profession as possible, and it is an important one. If for a moment we consider the doctor's work in the light of "a vile trade," then we must be honest in our dealings, we must supply a good article for the money—our advice must be of the best quality. Hence we must lay in a good stock of this commodity, and that means taking every opportunity of learning and extending our experience. Much of our work is, and always will be, unremunerated, so it is not a trade; but whatever estimate we take of it, the fact remains, that to be content with a minimum of knowledge is none the less a real because a specious form of dishonesty.

The higher degrees which are most in vogue at Guy's are the Bachelorship of Medicine (M.B. & B.S.) of the London and Durham Universities, and the Fellowship of the College of Surgeons (F.R.C.S.) This applies to men who are not graduates of Oxford or Cambridge. Now of these the F.R.C.S. is perhaps the most easily obtained by men who have a limited time to spend at the hospital, for after passing their second Conjoint Examination they can hold certain appointments in the wards, and at the same time keep their anatomy and physiology going through another winter session till the spring of the third year. If, after having obtained the double qualification, they set up in practice or take some resident appointment at a hospital or infirmary, they will have time to read for the final examination of the F.R.C.S. during the first two years. The majority of men, however, seem to prefer the London University degrees; and if any of those who are now joining us for the first time have already passed the matriculation of that University, for them there can be no question that their course is settled, and that they must at once proceed to the Preliminary Scientific Examination, excellent classes for which are held in the hospital. When the matriculation has not been passed before coming to Guy's, it is hard to give advice, for it means going back to Latin and Greek and other studies, which would have been much more easily done at school. However, there have always been men willing and able to surmount these difficulties, and what has been done can be done again. Three months hard work, with the help of a "coach," will see them over the first stage; and the Preliminary Scientific will follow six months later. Let me remind you, too, that the London University course has been simplified during the last two or three years, for all the chief examinations are now held twice a year. This is a great advantage to referred candidates, and it ought to be a powerful inducement to many who could not risk the long delay which failure formerly meant.

The Durham degrees are more easily obtained, and the curriculum is shorter; but a year's residence is required, and the value attached to the degrees is inferior to that of London.

In conclusion let me add,—aim high, the success will be the greater, and you will not regret the extra work.

FRATER SENILIS.

Passim.

In this presentation copy of the Gazette, we desire to convey the hearty welcome of all our readers to the Freshmen of 1889. Within our Hospital walls we have no hesitation in saying they will spend some of the happiest days in their life, and will find some true and life-long friends.

Work commences on Wednesday morning, the 2nd, at 9 a.m., with a Lecture on Anatomy; and then we get our first introduction to the Dissecting Room.

Particular attention should be directed to the Screen in the Colonnade, where notices are posted from time to time announcing any alteration in the Lectures or Demonstrations, Vacancies for Appointments, &c. On the opposite side of the Colonnade will be found the Club Notices, and other sporting information.

Don't forget to obtain a locker and key for your books and dissecting apparatus; and as there may be a run on these articles apply early at the Medical Office. 5s. deposit. Any gentleman who has finished with the Anatomical Department will confer a benefit on his successors by vacating his locker.

At the office can also be obtained the "Students' Calendar," which everyone must have, as it gives a heap of information beside the dates of the Examinations, Meetings, &c.

Those who have recently begun their clinical work are particularly requested to send in their photograph to the office, if they have not done so already. Of course, it must be a good one, carefully signed, and as a further aid to identification it would be wise to add height, weight, girth of chest, colour of eyes, normal temperature and pulse-rate. The mode of dressing the hair and wearing the beard are items too variable to have any scientific value.

The Dental Department has received a little parcel addressed to "Mr Petley," containing an upper and lower set of artificial teeth, together with this note: "These have never been used, and cost £5. I have been offered 1s. for them, but sooner then accept I would rather give to charity, you may be able to turn them to account *re* your Patients. *Pro bono publico.*" It should be added the teeth are mounted in composition.

From a letter addressed to the "Principal in Guy's Hospital" we cull the following:—

"I see you are Building a New College, I have got three fine clocks that I want to sell, one, a Grandfather's, a very nice Hall Clock, which I think will suit any Gentleman, either for his own Mansion or College; the Grandfather's is £9, it is quite worth £15; also a marble, to run fourteen days, strikes the hours and half hours, white and gold dial, a very handsome clock, visible escapement, price £4, was £7 10s.; also a fine bracket Clock, eight days' striking on a gong, new case like a church, £4.

P.S.—The Grandfather's Clock shows the moon and the day of the month."

If any of our readers are anxious to make a good bargain now is the time.

Guy's may justly be proud of its new Green Book, for has not its article on the "Course of Study Advised" been bodily set in the columns of the Hospital Gazette, which travels unto the furthermost parts of the earth? There happens to be no mention of this, but never mind. "The good that we do, &c., &c."

A country lad in the north of Scotland got his leg hurt at one of the local factories. His mother, who had great faith in a neighbouring bone-setter, wanted the lad to go to him. Accompanied by his anxious parent, he was, after a rather painful journey, taken to the town where the bone-setter resided. The leg was duly examined, and it was found necessary to haul it very severely, in order, as the bone-setter said, "to get the bone in." The lad was liberal with his screams while this was going on, but eventually the bone was "got in," and he was told to go home, and in a few days he would be all right and fit for his work. "Didn't Danny do the thing well?" said the joyous mother. "Yes, he did, mither," answered the lad, "but I wasna sic a fool as to gie him the sair leg!"

HOW TO BEGIN WORK.

The first question which a Student naturally asks on entering the Hospital is, "What have I to do?" We will endeavour to answer this as fully and clearly as possible. The work of the first Winter Session—that is, from October 1st to April—is,

a. To dissect.

b. To attend Lectures.

c. To learn Anatomy and Physiology;

with the object of passing the anatomical part of the first examination by the Conjoint Board in April, 1890.

a. Dissection.—To obtain a "part" for dissection, the Student should at once enter his name in the Medical Office in order that he may begin work with as little delay as possible. The price of the "part" is 12s. 6d. He will then require a box of dissecting instruments, books, and an apron. The dissecting case can be purchased at Down Bros. in St. Thomas Street, or at Hill's in Newcomen Street. It should contain 3 or 4 knives, a pair of scissors, forceps, hooks, blowpipe, and needles. Price 15s. to 18s.

The best guide book for dissecting is Ellis's Demonstrations of Anatomy, price 9s. 6d. But for studying osteology and systematic anatomy it will be necessary to have another text-book, viz., Gray's Anatomy, price 27s.; or, if the Student intends going in for the higher examinations (the M.B. or F.R.C.S.), he had better get Quain's Anatomy (price 27s.), which contains in addition the fullest account of embryology. These books should be purchased at H. G. Grattan's, No. 16, Borough.

A black apron and sleeves can be obtained from the Dissecting Room porter, price 3s. 6d.; and an old coat will complete the outfit.

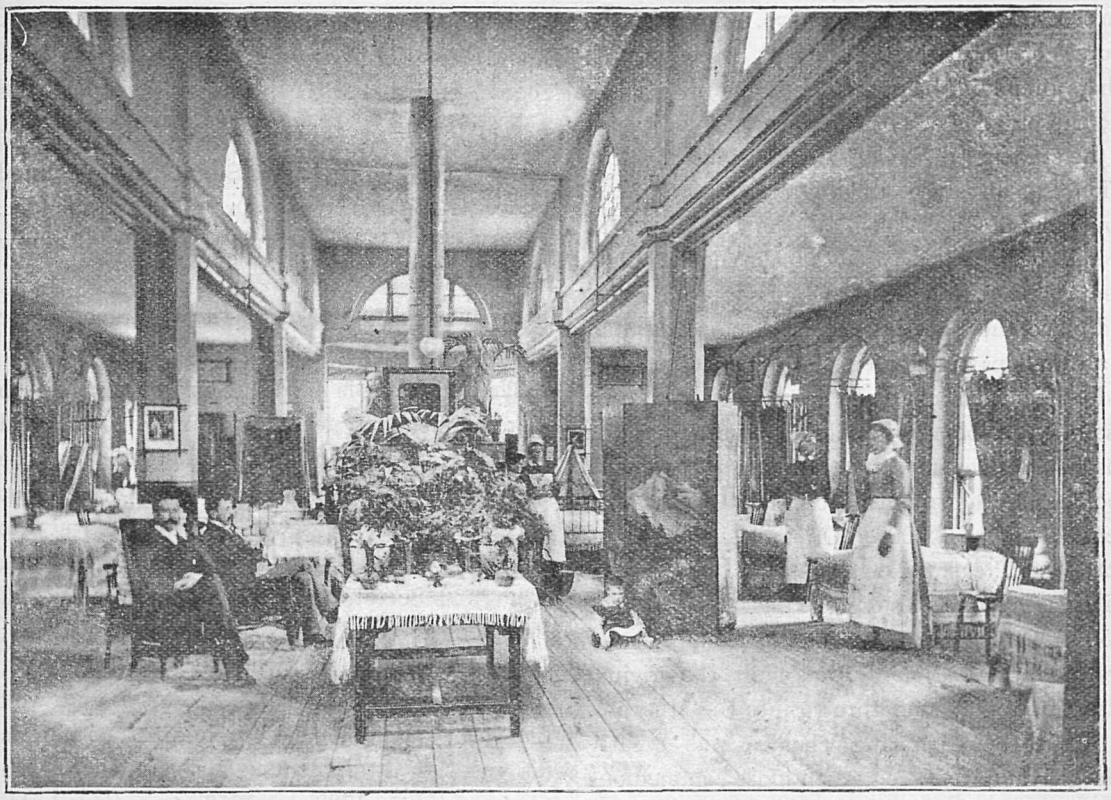
b. Lectures.—The lectures on Anatomy are delivered at 9 a.m. in the Anatomical Theatre on Tuesdays, Wednesdays, Thursdays, and Fridays, and these must be attended regularly. Immediately after the lecture the Student should begin dissecting, the morning being the best time for that work both as regards light and mental vigour.

The lectures on Physiology are equally important. They are also given in the Anatomical Theatre on Mondays and Wednesdays at 1.45 p.m., and on Saturdays at 2.30 a.m. The text-books usually read are Yeo's Physiology, price 10s. 6d., and Kirke's Physiology, price 10s. 6d. An elementary class in Practical Physiology will be held in March.

From October to Christmas lectures on Chemistry are given in the Chemical Theatre on Tuesdays, Thursdays, and Saturdays, at 11 a.m. Students in their first year should attend these, as some knowledge of the subject is necessary for the study of physiology, and will be required for the work of the Summer Session. The text-book is Roscoe's Chemistry, price 3s. 5d.

By the end of the first Winter Session the Student should know thoroughly the bones and all the joints and ligaments of the body, and should have dissected at least three parts. The best description of the bones is found in Gray's Anatomy, and the bones themselves can be obtained for study from Mr. Betts in the Pathological Museum, to whom they must be returned. Those who can afford it will do well to have their own half-set of bones, as they can then learn them at home in the evenings. Messrs. Down Bros. supply a new half-set at 42s., which is the lowest price in the market.

One word to those who are unable to obtain a "part" for dissection at the beginning of the Session. Don't think there is nothing to do. There are lectures and demonstrations to be attended, and the bones to be learnt. In addition, spend as much time as possible in the Dissecting-room, and study *one* part with your friends.



HISTORICAL SKETCH OF THE MEDICAL SCHOOL.

The School of Medicine and Surgery attached to Guy's Hospital may be considered to date its formal commencement from about the year 1769, when a resolution was approved by the Governors to the effect that "All such persons as shall be chosen Surgeons of this Hospital shall occasionally give Lectures on Surgery to the pupils that shall be entered at this Hospital." A short time before this, however, Dr. Saunders, who had previously lectured on Medicine at his house in Covent Garden, on being appointed physician to Guy's Hospital, began delivering his lectures here. He, therefore, may be regarded as the founder of our Medical School. But, although no lectures had been delivered, nor regular instruction given until about this period, yet, almost from the opening of the Hospital, the Surgeons and Apothecary were permitted to take a certain limited number of pupils each, "such as have served five years to a regular Surgeon or Apothecary." In the year 1760, the Surgeons received permission to take as many pupils as they pleased; but their apprentices (who alone were allowed to act as dressers) were limited to four in number to each Surgeon.

In the year 1768, it was resolved "that the barrier between this Hospital and St. Thomas's be taken down, and that the pupils of St. Thomas's have free leave to see not only the operations but also all the other practice of this Hospital." Corresponding advantages were afforded to the students of this Hospital by the Governors of St. Thomas's. Thus was established the union of the Schools of Guy's and St. Thomas's—a union maintained until such comparatively recent date that alumni of "The

United Hospitals" still survive. Some of the courses of lectures were given at St. Thomas's; others (including those on medicine) at Guy's; and the practice of both Hospitals was opened to the students of each. In the year 1825, this union was dissolved, and by a resolution of the Governors of Guy's Hospital, the Treasurer was "requested and authorised to make such arrangements as he may find necessary to provide for and place the Surgical School of this Hospital, in all its departments, on the most respectable and efficient footing." In accordance with this resolution, a block of buildings containing the Anatomical Theatre, the Museum, a Dissecting Room, and other requisite offices was erected at a cost of about £8,000. On the 21st of June, 1826, the Treasurer reported "all the school buildings ready and occupied." In the year 1850, a new dissecting room, with a Demonstrating Room adjoining, was built, the original dissecting room being thrown into the Museum. In 1867, the Operating Theatre was greatly enlarged and rendered much more commodious than before; and on the completion of the new building in 1871, the Anatomical Models and the Museum of Comparative Anatomy were removed to rooms in it, excellently adapted to receive them, and to permit of their advantageous study.

At the same time a new Laboratory, specially designed and furnished for the summer course of Practical Chemistry, was erected; and in 1872 the Dissecting and Demonstrating Theatres were enlarged and improved, and new lavatories and offices were built in connection with that department.

In the early part of 1878, the Museum was enlarged by the addition of several class rooms, for the greater accommodation of the various practical courses. In the following year, a new Mortuary and Pathological Theatre were erected

In 1888, a new Pathological Laboratory was built, adjoining the Post-Mortem Theatre, and the accommodation in the Physiological Department increased by the erection of two new class rooms, provided with the necessary appliances and apparatus.

THE PHYSICIANS AND SURGEONS appointed under Guy's will were Dr. Oldfield and Dr. Jurin*, Mr. Francis Croft and Mr. Andrew Cooper.

A third physician and third surgeon were appointed in 1744.

The following is a brief record of some of the more eminent physicians and surgeons who held office at Guy's Hospital, and taught in the Medical School, between 1800 and (1870) recent times. Among those of the last century it must suffice to mention the names of Dr. Jurin (who was Secretary to the Royal Society and President of the Royal College of Physicians); Dr. William Saunders who died 1817, aged 73, 32 years Physician to the Hospital, and well known in his day for his physiological as well as his medical attainments; Mr. Samuel Sharpe (surgeon from 1733 to 1757), mentioned by Haeser, in his History of Surgery, as next to Cheselden among English surgeons of the time; Joseph Warner (resigned 1790, after 45 years' service), eminent as an occulist and an operator; and William Cooper, the uncle of his greater namesake, and himself a sound and respected surgeon. †

In 1784, when only 16 years of age, Astley Paston Cooper was articled to his uncle, then senior surgeon, and learnt much from Mr. Cline with whom he lived in St. Mary Axe. The

* He was one of the original physicians appointed to the Hospital under Guy's will, and died in 1750, aged 66. He wrote on Mechanics and on the movement of the Heart, and also a treatise on "Distinct and Indistinct Vision," which is quoted with respect by Helmholtz.

† In the course of the first session he read a paper (as every new member was obliged) on Malignant Disease in the Breast, and with some other members was fined 6d. each for leaving the room without permission of the President.

following is the entry of his election as a member of our still flourishing Physical Society :

"Oct. 2, 1784, Dr. Saunders (then senior physician, 1770–1802) in the chair. Proposed as ordinary member Mr. A. P. Cooper, at Mr. Cline's, by Mr. Cooper. Elected Oct. 16." *

Cooper was appointed surgeon in 1800. His colleagues were Mr. Forster (father or uncle of our late senior surgeon Mr. Cooper Forster) and Mr. Lucas, Dr. Saunders, Dr. Ralph and Dr. Babington.

By universal consent he is esteemed the greatest surgeon that our country has produced, and none have had so splendid a reputation with his contemporaries, with foreigners, and with posterity. His remarkable personal endowments, his noble presence, his frank manners and winning smile gained him the good-will of all who saw him; but it was to his honourable exercise of professional conduct, his integrity and kindness, on the one hand, and his wonderful industry, his intense devotion to his work, his boldness and judgment, his skilful hand and sagacious touch on the other, that he won his reputation and success. He, with the Treasurer, Mr. Harrison, was the founder and *Capo di scuola* of the complete school of Guy's after the separation from St. Thomas's in 1825. He continued with undiminished reputation to visit and to operate and to teach until shortly before his death, which occurred in 1841.

* The following particulars were given by Dr. William Roots, late of Kingston-on-Thames :—

It was in the year 1799 that I dressed for Sir Astley's uncle, Mr. William Cooper. At that time his greatest gratification consisted in his daily visits to the Hospital and the superintendence of his dressers. Much advantage was derived to the discipline of the Hospital from its being the pleasure of this experienced man to be so continually within its walls. Although Mr. Cooper was never esteemed a first-rate operator, there were very few surgeons of that day who were thought to possess a more actual knowledge of their profession.

With the exception of the last remark, the description applies to a still more distinguished and beloved surgeon to Guy's Hospital in after years, the friend of Dr. Roots, and still surviving in honoured age as a link with our past history—Edward Cock.

Dr. William Babington (1802–1833) was the last of the older school among our physicians before the era of physical diagnosis by the stethoscope and the test tube, and before diagnosis was regularly tested by the verdict of the deadhouse. Dr. Babington was the most disinterested of creatures, and the most delightful of men—a good father, a good husband, a sincere friend, a lovable companion, very respectful to others. "I never knew so good or so cheerful a man." These were Astley Cooper's honest praises, and his also the following dedication of his work on the Anatomy of the Thymus Gland :—

"To Dr. Babington, F.R.S. My dear Sir, —When I look around those I have known from my childhood for a bright example to the profession of scientific attainment and of moral conduct, my heart intuitively turns to you. The duties of father, brother and relative have been performed by you with undeviating kindness. You have been as a friend most active, as a physician most skilful and observing, as a chemist and mineralogist profoundly informed, as a man the most disinterested, as a companion the most delightful. With pride and with pleasure I dedicate the following pages to you. 1832."

In his Gulstonian lectures before the College of Physicians, Dr. Bright spoke thus of his deceased colleague :—"This truly great man, this almost perfect physician, an honour to our College, an ornament to our profession. No man was ever more extensively beloved, no man's example has had more weight, to no one are we more indebted for supporting and exciting among us a high tone of moral feeling."

(To be continued.)

APPOINTMENTS.

MUGFORD, S. A., L.R.C.P., M.R.C.S., appointed Medical Officer of Ardleigh and Great Bromley District, Tendring Union.

GARDINER, E. F., M.R.C.S., L.R.C.P., appointed House Surgeon to the Evelina Hospital.

CLUBS AND SOCIETIES.

The number of these institutions founded, supported, and conducted by Guy's men, testify to the healthy activity which exists, and of which our school may be proud. But, as an army wants recruits, so a club must have new members, and we therefore look to our new men each year to join in and help, some in one way, some in another. Without giving the full details of all the clubs, opportunities for which will occur another time, we may indicate their main objects, and with becoming modesty we shall begin with the—

GUY'S GAZETTE.—Now, this flourishing journal, a copy of which will be presented to every first year's man, chronicles our successes in work and in play, relates the news of the Hospital and the School, records interesting cases and matters of science, and in every way endeavours to advance the interests and keep up *esprit de corps* among past and present students. Therefore, no one can consider himself a real Guy's man who does not support the GAZETTE by becoming a subscriber and contributor. In its columns he will always have an opportunity of displaying his knowledge, describing his discoveries, or airing his grievances: and all that for 6/6. Subscriptions can be paid at the Office of the Medical School, or to the Librarian.

THE PHYSICAL SOCIETY is our professional debating club, and affords us opportunities of developing that art. We respect it because of its age, because of its President, Dr. Wilks, and because of the good work that has been done in connection with it. As noted in our last issue, the first meeting takes place on Oct. 1st, at 7 p.m., and every student is invited to attend.

THE STUDENTS' CLUB supplies all the accommodation of an ordinary social club, and, therefore, every new man must be enrolled as a member. There he will have the use of the Reading Rooms and the Gymnasium; he can obtain lunch and dinner at very moderate charges, and smoke the pipe of peace in company with his friends. Annual subscription 12/6.

THE ATHLETIC CLUBS.—Under this heading are included the Football, Cricket, Tennis and Rowing Clubs, besides the Athletic Club itself. Each of these is well organised and under good management. The Tennis Club has an asphalte court close to the Hospital, which can be used throughout the winter. All information respecting these clubs will be found posted in the Colonnade, or can be obtained from the secretaries.

THE VOLUNTEER MEDICAL STAFF CORPS is entirely supported by students from the London hospitals, who unite to serve their Queen and country. It gives opportunities for rifle practice, and in the summer a week may be spent under canvas at Aldershot.

Then we must not forget to mention the Fives' Court, which is always ready for use. The Harriers too. No doubt there is stuff enough to make a cycling club, a musical club, and a chess club; the combinations are endless. Last, but by no means least, is the—

PHOTOGRAPHIC CLUB, the work of which in the past has been of a very first-rate order, and those who attend the Opening Meeting of the Physical Society will have a chance of judging for themselves.

Out of this long list of recreations and sports each student must make a selection according to his taste, but we may be permitted to add that the *Gazette*, the Physical Society, and the Students' Club should be supported by everyone.

LECTURE CALENDAR FOR THIS WEEK.

Wednesday, Oct. 2.	9 a.m.	Anatomy.
	12.	Experimental Physics.
	1.30.	Clinical Surgery.
	1.45.	Physiology.
	3.	Medicine.
Thursday, Oct. 3.	9 a.m.	Anatomy.
	10.	Medical Jurisprudence,
	11.	Chemistry.
	3.30.	Surgery.
Friday, Oct. 4.	9 a.m.	Anatomy.
	1.30.	Surgery.
	2.	Dr. Savage at Bethlem.
	3.	Medicine.
Saturday, Oct. 5.	9.30.	Physiology.
	10.	Medical Jurisprudence.
	11.	Chemistry.
	1.30.	Clinical Medicine.

VACANCIES.

BETHLEM HOSPITAL.—Vacancies for Two Resident Medical Students, doubly qualified. Applications by October 12th.

CHILDREN'S HOSPITAL.—Great Ormond Street. Vacancy for a Clinical Assistant at Out Patients on Wednesdays and Saturdays at 9 a.m. Applications at once to Mr. Lane.

Marriages.

GATHERGOOD—BEATLEY.—On September 11th, at West Hackney, B. W. Gathergood, M.R.C.S., L.S.A., of Terrington, St. John, to Kate Mary (Kitty) Beatley, second daughter of Thos. Gage Beatley, Shipowner, of Leadenhall Street, London, and Amhurst Road, Hackney Downs.

TOPHAM—WORSICH.—On September 11th, at North Parade Baptist Chapel, A. S. Topham, M.R.C.S., L.S.A., to Anne, eldest daughter of Richard Worsich, Minister, Halifax.

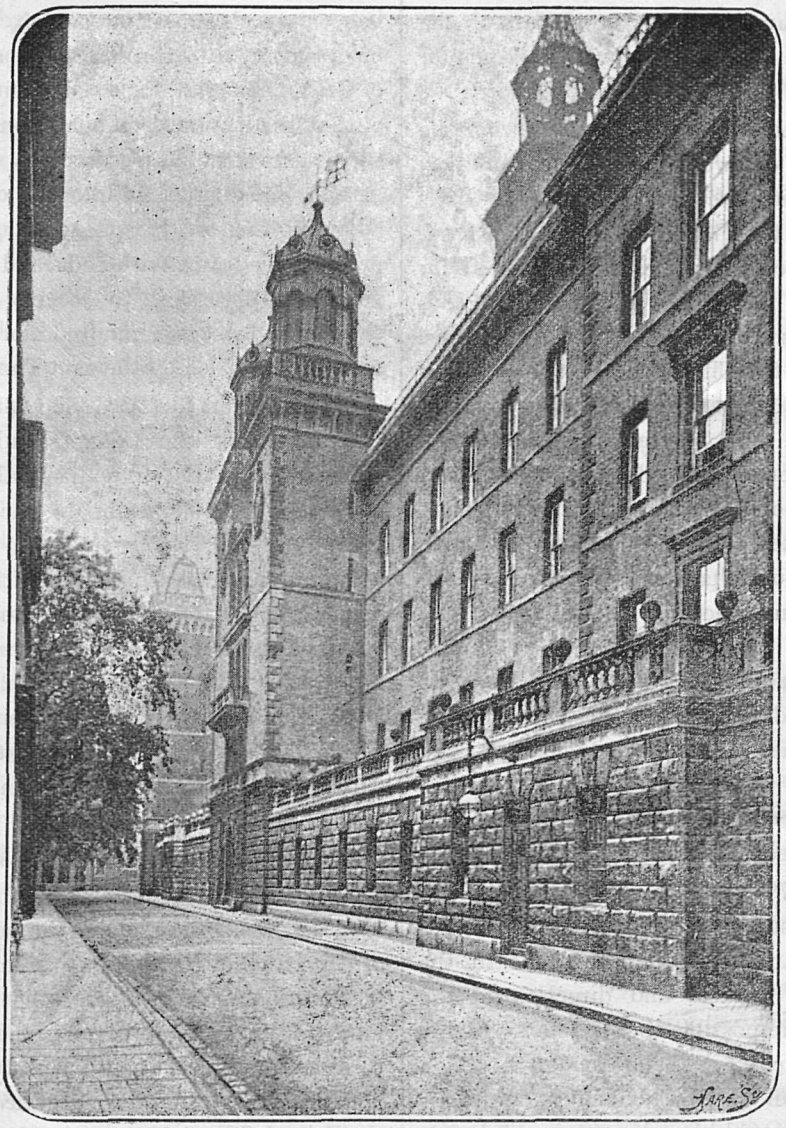
Death.

EDSALL.—On September 14th, at Clarence Road, Kew Gardens, Surrey, S. B. A. Edsall, M.R.C.S., aged 31.

Advertisements.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

APARTMENTS, well furnished, large Sittingroom, and Two Bedrooms; Bathroom. Convenient locality. Terms moderate. Strongly recommended by two Guy's men.—39, Shenley Road, Peckham Road, Camberwell.



Guy's Hospital Gazette,

OCTOBER 12, 1889.

GUY'S HOSPITAL.—Founded A.D. 1722.

(Concluded.)

Guy's Hospital was the first of the London Hospitals designed and built for the special purposes it fulfils.

The Original Building is at present occupied by the Surgical Wards and Operating Theatre, the Surgery, the Library, and various Offices.

The East Wing was begun in the year 1738; it contains the Treasurer's House, the Governors' Court Room and Offices, the Counting House, also, as at present arranged, the Superintendent's Residence, and the House-Surgeons' and Dressers' Rooms.

It was not until more than thirty years later that the West Wing was added, which now

contains the Chapel and the Residences of the Chaplain and the Matron, as well as rooms for the Resident Officers of the Lying-in Charity.

In 1744 the Lunatic House was built for the accommodation of twenty confirmed Lunatics, in accordance with directions contained in Guy's Will. In 1859, the Governors of the Hospital, in the exercise of their discretion, provided for the reception of its inmates elsewhere, and converted this house to general Hospital purposes. It now contains the Clinical Wards, the Clinical Room, Electrical Department, private rooms for Ovariotomy and other special cases, the House-Physicians' Rooms, &c. It has been lately repaired, re-floored, and improved offices have been erected. By this means the most pleasant and most characteristic wards of the Hospital, both in aspect and in use, are happily preserved.

But, although additions were thus made to the original building, it would appear that during many years the internal arrangements and management of the Hospital were so defective that the beneficent intentions of the Founder were but imperfectly fulfilled.

In the year 1797, however, Mr. Harrison was appointed Treasurer. He assumed and maintained, until nearly the period of his death, the almost absolute control and direction of the Hospital. It is impossible to estimate too highly the value of the services he rendered, and a tribute of grateful acknowledgment is due to his memory. He devoted himself to the work before him with the greatest zeal and ability; and as the result of his labours, the Hospital was brought into a state of the highest efficiency, and its funds and landed property were most advantageously managed.

On the 8th of February, 1828, William Hunt, Merchant and Citizen of London, a friend of Mr. Harrison's, and for many years an influential Governor of this Hospital, added a codicil to his Will, by which, after providing for certain bequests and annuities, he left the residue of his property to "the Treasurer and Governors of Guy's Hospital, for the benefit and purposes of that Institution," on condition that, "within three years after his decease, they should enlarge, extend, finish and fit up such other buildings adjoining the said Hospital; and also finish and provide the same with beds and all other conveniences necessary to receive and entertain therein, at least one hundred more persons than were provided for by the said Thomas Guy."

Hunt died on the 23rd September, 1829, and was buried in the Chapel Vault on the 2nd October. His Estate realized about £200,000, of which £180,000 came to the funds of the Hospital.

In compliance with the conditions of Hunt's bequest, some temporary buildings, named together Hunt's House, were speedily prepared, at a cost of £3,500; and on the 23rd December, 1830, the first patients were received into them. These buildings were near what are now the Clinical Wards. They were removed when the New Wards were built.

In the year 1850, the large structure, now known as "The New Building, or Hunt's House," was begun under the superintendence of Mr. Rhode Hawkins as architect. In the mid-portion and south wing then built, accommodation was, and still is, afforded on the ground floor for the Out-Patient Department, the Dispensary, with the Pharmaceutical Laboratory, the School Office, &c.; on the three upper floors are Wards devoted to Medical Cases; and above are the Nurses' Dormitories. In this wing also the Students' Club, with dining room and gymnasium, is accomodated until the completion of the New College.

This Building was completed in 1871 by the addition of the North Wing, the ground floor of which is occupied by the Ophthalmic Wards and Operating Room, together with the important Anatomical Department of the Museum, and the

upper floors by General Wards and Smaller Rooms for Special Cases. In this wing is the Nurses' Refectory, lately decorated by a fine wall painting by Mr. Draper.

A series of Bath Rooms was arranged in that portion of the basement of the Old Building formerly occupied by the Kitchens, when these were removed to the New Building.

The *Chapel*, in which Sunday and week-day services are held, affords accommodation for Students, as well as for the patients and officers of the Hospital. It contains a fine statue of the Founder by Bacon, tablets in memory of Sir Astley Cooper, of Dr. Addison, and of the late Mr. Stocker, and three windows of stained glass, placed there by the Governors in memory of Mr. Hunt.

ANEURISM OF THE ARCH OF THE AORTA.

This case appears to be worthy of record on account of its anomalous symptoms, which led to an entirely wrong diagnosis and such treatment, as, had the true nature of the disease been known, would have been distinctly contra-indicated.

James D., æt. 33, a baker by trade, was admitted to the Hospital Aug. 7th, 1889, suffering from urgent dyspnœa, and an almost constant short cough.

The history given was that he had been troubled with a cough for about two years, and that it had become very persistent during the last 3 weeks, and for 7 or 8 days he had experienced a great deal of "wheezing in the throat." He had lost flesh considerably, and during the last month had been reduced by about 20 lbs. in weight. Night sweats were common, bnt not very severe; bowels acted regularly; there had been no pain, but great discomfort about the chest. He had been able to follow his employment till quite recently, and 8 days before admission had baked and taken out for sale 60 lbs. of biscuits. No history of alcoholism, syphilis, or previous severe illness.

On admission, the breathing was very rapid, noisy, and catchy, the inspiratory and expiratory efforts being of about equal length, and both accompanied by loud râles: patient was perspiring freely, his face was dusky, and he appeared to be in great distress.

The left chest was quite dull in the upper part, and the right gave the normal percussion note. Nothing definite could be made out with the help of the stethoscope as to the state of the lungs on account of the very noisy râles in the trachea and bronchi.

Heart sounds normal; temperature, 101°. Radial and temporal pulses very weak; they could scarcely be felt on either side. As far as could be ascertained, there was no inflammation of the fauces or pharynx, but the condition of the patient did not allow of a thorough examination. Coughs almost incessantly, but each time there is only a single expiratory effort.

The case being looked upon as one of acute laryngitis, with advanced pulmonary phthisis, he was put upon middle diet, poultices ordered for the throat, and an expectorant mixture every three hours.

August 7th. During the day the breathing has become more laboured, and the larynx at times appeared to be almost choked up. He managed occasionally to expectorate a small quantity of very tenaceous mucus, and this seemed to afford some temporary relief. The pulse cannot be felt at either wrist; patient has some difficulty in swallowing. Ordered Brand's essence of meat, and half an ounce of brandy every half hour; put in a tent with a steam kettle going.

8th. Appears to be considerably relieved by the moist atmosphere; did not sleep much; is sweating very freely; he had a severe attack of dyspnœa at 5, and another at 6 a.m. Brandy

ʒxii. in the 24 hours. At mid-day tr. opii ɱxxx. were prescribed, as the patient was becoming very restless; he was quieter after it, and seemed more easy, but did not get much sleep. During the afternoon he experienced several attacks of dyspnœa, and a very severe one shortly after 8 p.m. At 8.30 apo-morphia, gr. $\frac{1}{12}$, was administered hypodermically, but took no effect, probably on account of the staleness of the solution used. From this time till 2 a.m. he slept at short intervals, and then had another attack of very difficult breathing; forcible eructation seemed to relieve this. Zinci. sulph., gr. xx., were now given with warm water to induce vomiting, and so clear the trachea. After a few minutes patient began to cough violently; there was not much retching, but he endeavoured to induce sickness by putting his fingers down his throat. The dyspnœa increased; he became livid in the face, and ceased breathing, throwing himself back on the pillows. Tracheotomy was at once performed without any preliminary skin incision, a tube inserted, and artificial respiration resorted to, without, however, restoring animation. On opening the trachea there was very free hœmorrhage, and no rush of air either into or out of the chest.

Post mortem. The left lung was found to be pushed backwards and downwards by a large tumour, which proved to be an aneurismal swelling of the transverse portion of the arch of the aorta. It contained a thick lining of laminated organising blood clot, and, when this was cleared out, was capable of containing from 10 to 15 ounces of fluid. The wall was irregularly thickened and rugose, and more or less blood-stained in parts, while the rest had the appearance of ordinary atheromatous degeneration. The innominate, left carotid, and subclavian arteries could be seen for a distance of from 1 to 3 inches running as it were in the wall of the cavity, so that about two-thirds of their circumference projected inwards. The orifice to each of these was only sufficiently large to admit a number 3 catheter; beyond the aneurism, however, their calibre was quite normal.

The heart and its valves were healthy, and there was no apparent hypertrophy or dilatation. The left lung was in a great measure airless, and there was a caseating tuberculous patch at its apex. The right, beyond being very congested, was healthy. Larynx and vocal cords healthy; trachea and bronchi, especially on the left side, congested and somewhat thickened. The aneurism had pressed upon the side of the trachea almost producing perforation, two of the cartilaginous rings being completely eroded, and the œsophagus, in a corresponding position, was considerably thickened for a third of its circumference.

Remarks. Until the thorax was opened on the post mortem table, not the slightest suspicion of aneurism had been entertained, as there was not a single symptom pointing in this direction. The dulness of the left chest was sufficiently accounted for by the phthisical history, and there was no undue prominence and no trace of pulsation. The radial and temporal pulses were certainly feeble, but they were similar on both sides, and, unfortunately, were not compared with the femorals. The pupils were not noticed to be irregular in the first instance, and after the dose of opium they were certainly equal, and rather small, though not extremely contracted. The cough was not of such a character as is usually met with in conjunction with aneurisms or other tumours, and it seemed to be relieved by the occasional expectoration of thick, slightly rusty mucus. And, finally, the patient did not complain at any time of local pain.

There can be no doubt that death was considerably accelerated in this instance by the treatment, which, under the circumstances, could not very well have been worse; and as ill

luck would have it, when the trachea was opened in the middle line, through the cricoid and first ring, a large median anterior jugular vein was divided longitudinally. The case, however, is reported in the hope that it may prove of service, or at least of interest, to others, which it never would had it been relegated to the vast collection of unrecorded failures. E. C. K.

SOME MODERN TENDENCIES IN MEDICAL EDUCATION.

By Dr. A. G. Barrs.

It is my first duty, as it is most certainly my greatest pleasure, to thank very cordially and sincerely the Presidents of the Physical Society for having asked me to read a paper before you, on this the first meeting in your Session.

As a Guy's man I could have wished for no greater distinction, no greater honour, than to have been asked to come back to the scene of the pleasantest days it has been my fortune thus far to know, even though it be to play a part which little suits me, and for undertaking which I feel myself guilty of a temerity little less than stupendous. Only those who, like myself, have left Guy's, can in any sense picture to themselves what it is to me to be thus asked to join the ranks once more, if only for an hour. For, though many changes have come, even since I ceased to be a student within her walls, and many losses have been sustained, some of which can never be replaced, Guy's is still Guy's to us all, and what would not many like myself give to be back again, students once more. It is curious, however, that your Presidents should have selected for this honour one who, in his day, was of the very feeblest and sorriest members of your Society. A member of the Physical Society I always was, I believe, but save one very short and halting speech, if it could be called a speech, made in a debate on Antiseptic Surgery, I have up to this moment made no contribution to its proceedings. And if I might so early in my discourse venture upon a word of advice to junior students, even at the risk of savouring of the preacher of the introductory lecture type, I would say to them:—Take warning by me, and think what I might have been to you to-night instead of what I am, had I cultivated the opportunities your venerable Society offers for learning the art of public speaking and debate. Believe me, I am perfectly sincere in this piece of gratuitous advice, and candid in any criticism which by implication I make upon my own fitness for performing the task I have undertaken before you. On the other hand, while no one regrets more than I do, neglected opportunities in this regard, I would say nothing is more distasteful to my mind than speaking at all times and in every place, upon every and any subject, after the manner of those whose reputation is (as Dr. Brinton said), sustained rather by the trumpet than the caduceus.

In the time at my disposal, even were it your wish, which it scarcely could be, it is not possible for me to make any detailed criticism of the whole of the machinery in use in the process of turning out the legally qualified practitioner. I wish only, taking advantage of your patience and the position in which your kindness has placed me, to deliver myself of some sentiments which nearer home I might have considerable hesitation in making public.

Looking back even no longer than ten years, during which time I have been continuously in the midst of students and teachers in one of the leading provincial schools, one is struck by the changes which have already come about in the curriculum, changes so numerous and in some places so radical that the whole face, as it were, of the prospect, has become altered, and to my mind mostly for the worse. It is not so much if at all the older London schools, like Guy's, that have great traditions and a stable continuity to mould their policy, but in the younger schools, mainly provincial, where unfortunately the School and the Hospital have for the most part nothing in common but the students, where some members of the hospital staff are perhaps not engaged in the more systematic work of lecturing, and where many who lecture are not attached to the hospital, that these changes are to be observed. The general nature and the general tendency of these alterations seems to me to be, if I can sum up what I may perhaps later on be able to dissect more minutely, to overload the curriculum with an enormous mass of detail and elaboration, until the sole reason for the existence of a medical curriculum at all, namely the teaching of Practical Medicine and Practical Surgery, would seem to be slowly but surely disappearing from view. Such subjects as physiology, pathology, and pharmacology, have during the last few years grown at such an enormous rate, partly by accumulated facts, and, perhaps it may be truly said, still more by accumulated theories, that they seem to me seriously to threaten to crowd practical medicine and surgery into the remotest corner of the curriculum, if not out of it altogether. The still greater evil of multiplied examinations has seemed to afford some justification for running riot, so to speak, in what are sometimes called, for what reason it is difficult to state, the more purely scientific parts of medical education, until at last, with an increased number of examinations to be passed and an increased amount of work, largely foreign as I hold to his object in view—the ordinary student of to-day, desirous of becoming a legally qualified practitioner of medicine, has to literally fight through obstacles which never ought in my opinion to come in his way. How much the Examining Boards and the Medical Council are severally responsible for this, it is not for me to determine, but I am strongly of opinion that the increase in number of examinations for the ordinary qualifications to practise has been productive for the most part of nothing but harm. It certainly has not improved the practitioner in any way commensurate with the extent to which it has increased the labours not only of students but of teachers.

One of the chief causes, if not the chief cause, of these changes in methods of teaching and examination has been, to my mind, the rapid growth during recent years of the notion, I say notion advisedly, that medicine has attained to, if not quite, very nearly, the position of an exact science; that we have passed entirely out of the

region of empiricism; it is the reaction so to speak from the mysticism and uncertainty in which up to comparatively recent years, not only the practice but also the writings and utterances of medicine were enshrouded. We now speak of ourselves as walking by light and not by faith, "the day of orthodoxies is over, the day of real science has dawned." And I should be the last to deny that a great many things which to our predecessors were only matters of surmise and belief, are to us real, tangible, demonstrable truths, established upon foundations which never can be moved. A learned Judge has recently taken occasion to say "that medicine and everything connected with medicine is so much a matter of fact and experience of facts which don't readily present themselves for inspection, that you never can arrive at medical conclusions with anything like the same degree of certainty in your conclusions as you are entitled to expect in a science which deals with mathematical demonstration or legal argument. I would not," he continues, "say anything disrespectful of a science to which we all owe so very much, but it is a science based more or less upon conjecture and good sense and good fortune in making guesses." To this definition of Medical Science, if after that we ought to call it a science at all, conceived, I am certain, in a spirit of the greatest fairness and regard, I am, if you will forgive me for appearing so heretical, inclined to subscribe, though not perhaps going all the way with Mr. Justice Stephen. But pray do not mistake me—what I mean is this, and what very few here will I am sure quarrel with me for saying, that medicine, practical medicine, the prevention and cure of disease, is still very much of an Art or a Craft as distinguished from a Science. It is based very much in its actual practice upon experience and good sense, rather than upon any universal and unalterable laws, such as obtain in the case, for example, of chemistry and mathematics. In saying this I am not pretending, that to be scientific in our methods and in our habits of thought is to be useless in practical medicine, though I have heard that it is said by some of the more worldly minded, that to acquire a scientific reputation means ruin to the practising physician. Indeed, it seems to me that in no profession or calling is it so necessary to maintain an attitude of robust scepticism, using the term in its proper meaning, as in that to which we belong. And what I have said in regard to practical medicine must of necessity be true for us of what are called the cognate sciences in the medical curriculum, such as physiology, pathology, as distinguished from morbid anatomy and pharmacology. Take the whole department of Human Biology, the natural history of man both in health and disease, it must of necessity be true that only the most general and obvious statements can be made in the form of "laws of nature," as they are called. *(To be continued).*

ABSTRACT OF FIRST LECTURE IN DENTAL SCHOOL.

At the conclusion of the first lecture on Dental Surgery (October 4th), Mr. Newland Pedley addressed a few words of advice to the new students.

He pointed out that the Dental School had been established to obtain treatment for Dental out-patients, and to raise the position of Dental Surgery by uniting it more closely to the medical profession.

The undertakings entered into by the Hospital with the Dental Students, as set forth in the prospectus, would be strictly fulfilled, and on the students' part it remained to be shown that they are as good men as medical students. The lecturer said:—above all be punctual in keeping your engagements with your patients. Good dental work can only be done by a system of appointments, for each student's filling requires an hour or more.

Learn from the first to adopt one system of recording operations and you will never abandon it when you go into practice. Help one another, but don't form a separate clique, for your fellow-students will be your best friends in after life.

Get all your instruments at once, and lose not a day in learning to fill well in ivory blocks; when you are ready we will utilize your work.

All your attention at first should be devoted to cohesive filling, for it needs accurately shaped cavities, and one can tell in a moment at any stage of the filling whether it is right or wrong.

Polishing amalgam fillings and dressing root canals are good practice. Copy the specimens of "crown" fillings that have been set up for your instruction. Learn the use of the mouth mirror as soon as you can, and don't omit the daily clinical at eleven o'clock. The clinical is a selected dental operation performed by the assistant dental surgeon of the day in the conservation room, and represents his best work aided by excellent appliances.

Take models of all the important dental abnormalities that come into the department, and present the casts in your own names to the museum.

Remember your Friends.—Young Surgeon to his pal who has taken up the law. "By the bye, I had my first swell patient to-day." "Congratulate you my boy. When you have worked him down to the right point, remember to recommend me for the will, none of mine have ever been contested."

Passim.

At the time of going to press, the total number of new names on the books is 131. Sixty-five brace is a very good bag for the First.

We have not yet congratulated Mr. Ritchie on obtaining the First Year's Prize. To those who did not know him his success came as a surprise, for it is seldom that this prize falls to other than M.B. men. But Ritchie's friends expected nothing else, and all look to him to do great things in the future.

The Open Scholarships in Arts of 100 guineas and 50 guineas, have this year been awarded to Mr. William S. Handley, Loughborough Grammar School, and Mr. John Robert Steinhaeuser, Sutton Valence School, respectively. The Open Scholarships in Science of 125 guineas and 50 guineas, have been awarded to Mr. John A. Howard, King's College and Guy's Hospital, and to Mr. Arthur H. Leete, University College, Aberystwith, respectively.

We notice that Mr. J. F. Staines, L.R.C.P. Edin., L.F.P.S. Glasg., &c., &c., of 47, Endell Street, St. Giles', W.C., has been appointed by the Local Government Board to grant certificates in vaccination as required by the examining bodies on Tuesday mornings at 10, at the above address.

The annual general meeting of the Guy's Hospital Students' Club has been fixed for Friday, Oct. 17th, in the Anatomical Theatre, at 4 p.m. All members should make a point of attending.

The fourth annual dinner of the Guyite Club of 1886 took place at the Criterion on Wednesday, October 2nd. This club was founded, as indicated in its title, in 1886, and is in a very flourishing condition, differing as it does from somewhat similar institutions in the fact of being a "closed" corporation. Dr. G. E. Halstead, of Ramsgate, occupied the chair. The members present were Messrs. Alexander, Andrews, Bishop, Burghard, Farr, Floyer, Goodall, MacConkey, Muspratt, Price, Targett, Washbourn, and Worthington. A capital dinner was provided, and a very pleasant evening was spent, to which the chairman contributed not a little by the able manner in which he presided. The toasts of the evening were "Guy's." "Prosperity to the Club," "The Chairman," and "The Secretary," Dr. F. W. Farr.

There are questions relating to the success of Guyite dining clubs which may well be discussed in these columns. For our own part, we think that it is impossible for a club to be successful which is not a "closed" corporation. It is not reasonable to suppose that men will trouble to attend an annual dinner when there is a chance of meeting new faces and not their old familiar friends. Yet this is sure to happen if the club continues to elect younger men. The result is that the older members cease to attend, and the institution flickers out.

The appointment of Dr. R. H. Perks to the Adelaide Hospital is a grand triumph for Guy's. There were 1,200 applicants from all quarters of the globe, but our H.S. and H.P. are irresistible qualifications. This is what the *Hospital* says:—

"Dr. Perks has had a wide and varied experience, having been house physician and house surgeon at Guy's Hospital, and resident medical officer to the Royal Albert Hospital, Devonport. A recent inspection of the Royal Albert Hospital confirms the view we have long held of the efficiency of this institution, where Dr. Perks has maintained a high standard of medical and surgical administration, and where the nursing leaves little, if anything, to be desired. Dr. Perks is a great ornithologist, and his collection of birds and eggs is not only extensive, but unique in its completeness and value. We congratulate the Adelaide Hospital Committee on their selection, and wish Dr. Perks a genuine success in his new field of labour."

We were privileged on Monday, Sept. 30th, to see the private view of the Home Portraiture Competition at the office of the *Amateur Photographer*. This was an exceedingly good collection of photographs done entirely by amateur photographers. We understand this was the first exhibition initiated by the proprietors of the above paper, and may be considered to be entirely successful. We were especially pleased with the pictures of Mr. H. Keighley and Baron A. Stieglitz, who were the two first prize winners, and showed some very good *genre* subjects. This exhibition showed how useful photos could be made by medical men, and was quite a revelation. It is much to be regretted that the show is now closed, but we hear that there are to be future exhibitions, of the opening of which we shall duly inform our readers, and, as the admission is gratis, they will doubtless be visited by all our photographers.

The entry of Dental Students in the London Schools as published in the *Lancet* of October 5th, from official report only amounts to 55, and we are informed this is a larger number than last year. Five have entered at Guy's, and are already at work in the conservation room, receiving preliminary instruction in dental operations. Others would have joined, but had not completed their mechanical course, of which at least two years should have been finished before the student can be advised to enter at a Dental School.

We hope every Subscriber will do his best to make the advantages of the Gazette known to his friends, as it is in contemplation to further extend its usefulness during the coming year.

NOTICES.

By permission of the Governors of Bethlem Royal Hospital, Dr. Savage proposes to give a Course of Instruction in "Mental Physiology, especially in its relation to Mental Disorder," adapted to the requirements of Candidates for the M.D., M.S. Lond. The Class will be held during the months of October, November, and a part of December; and the Instruction given will consist of one formal Lecture a week, and two Clinical Demonstrations in the Wards of Bethlem Hospital.

The Lecture will be delivered on Mondays at 2 o'clock in the Clinical Theatre at Guy's Hospital, and the Clinical Demonstrations will take place at Bethlem on Tuesdays and Fridays at 2 o'clock.

The Fee for the Course is 3 guineas, which should be paid at the Office of the Medical School, Guy's Hospital, S.E.

These Classes have now commenced: we believe they are the only ones of the kind in London.

LECTURE NOTICES.

Practical Surgery.—These classes are given by Mr. Symonds on Tuesdays and Thursdays, and by Mr. Lane on Mondays and Wednesdays, at 3.45, in the Surgical Class Room. The Elementary Class for Third Year Men is held on Tuesdays and Thursdays, at 1.30, in the Surgical Class Room.

Pathology.—Dr. Shaw will give demonstrations, on Tuesdays and Fridays, at 9.30 a.m., in the Long Room.

Practical Physiology.—These classes for Second Year Men are held on Mondays, Wednesdays, and Fridays, at 10.30 a.m., in the Long Room.

Public Health.—Mr. Turner will give a course of 12 demonstrations for the D. P. H., commencing Monday, Oct. 14th.

Morbid Histology.—Dr. Pitt will give these demonstrations, on Thursdays and Saturdays, at 9.30 a.m., in the Long Room.

RESIDENTS FOR THE MONTH.

House Physicians.—Messrs. Randall, Moss and Cuff.

House Surgeons.—Messrs. G. B. Smith, Meares and A. T. Brown.

Resident Obstetrics.—Messrs. Hosking and J. W. Smith.

THE PHYSICAL SOCIETY.

The Presidents for the ensuing session are Messrs. Colclough, Durham, Fawcett, Gill, Girling, Hall, Hickman, Hopkins, Kitching, Moss, Mothersole, Norburn, Smith, Starling, Swayne, Vicars, Wakefield, and Webber.

The Secretaries are Dr. Pitt and Mr. Dunn. The first ordinary meeting of the Society takes place this evening (Saturday), at 7.30 p.m., and will be devoted to the discussion of interesting cases from the wards. The annual subscription is 5s., which may be paid to one of the presidents. The payment of three subscriptions constitutes life membership.

The meetings are held in the Chemical Theatre.

Hospital News.

INTERESTING CASES.

Cornelius	14	Cerebral compression, trephining.
Lydia	7	Recurrent sarcoma of thigh.
	15	Spina bifida.
	17	Fragilitas ossium.
Job	23	Acute bronchocele.
Lazarus	1	Cirsoid aneurysm of orbit.
	18	Congenital syphilis of palate.
	20	Displaced semilunar cartilage.
Luke	13	Musculo-spiral paralysis after fracture.
Philip	2	Insular sclerosis.
	11	Acute nephritis.
	14	Tubercular laryngitis.
	15	Abdominal tumors, ? sarcoma.
	17	Functional tremors of arms.
	19	Anæmia, ? idiopathic.
	25	Pachymeningitis (spinal).
	36	Myelitis, descending sclerosis.
Stephen	15	Multiple neuritis.
	28	Hæmaturia, ? cause.
	40	Lead palsy, aortic regurgitation.
Mary	5	Erythema nodosum.
	6	Carcinoma of liver.
	16	Purpura.
	20	Purpura hæmorrhagica.
	25	Compression paraplegia.
	38	Mitral stenosis.

THE FIRST.

The Winter Session opened as usual with the first meeting of the Physical Society in the Anatomical Theatre. Dr. Wilks was in the chair. There was a good attendance of Students, including several old Guy's men, Drs. Eastes, Lancaster, Warner, Dakin, Randell, Greenwood and others. Many of the Staff and Lecturers also were present. The proceedings commenced with a short introductory address by Dr. Wilks, in which he welcomed all the new men and bade them support the highest and best traditions of Guy's Medical School. We always look forward to, and are never disappointed with, Dr. Wilks' annual homily; and now that we see so little of him, it is more than ever precious. He has such a graphic and interesting way of placing the past side by side with the present, that it is impossible not to be both amused and instructed. Speaking of progress in the teaching of surgery he pictured to us the anatomy class of his youth breaking up in confusion and hurrying pell mell to the operating theatre to see a dislocation of the hip reduced, with Monson Hills in the foreground, his brow bedewed with honest sweat, trudging along with the rope and the pulleys. It was a novelty then; now the Dressers and House-Surgeons roll the bone in with a marvellous sleight of hand, "quite in the usual way." Perhaps the companion picture is not strictly accurate, for some of us even now would be as ready to escape from lecture in order to see this little performance as ever our forefathers were. There was an excellent moral in the story of the literally blood-thirsty youth who gloated in the gory work of the surgeon, but turned out a blackguard of the deepest dye. Of course, we are too refined for that now, but want of consideration for the comfort and feelings of a patient is a fault of the same class, as Dr. Moxon has so aptly described in the character of the "antipathetic dresser." Dr. Wilks somehow always succeeds in flattering us; he is no *laudator temporis acti* in its proper sense, but though he recognises the advantages we possess, he never fails to insist on the increased responsibilities they entail. That is the text of his sermon. To cherish the best traditions of our School, to continue the brilliant work of the past, and to recognise our duties to our Hospital, our profession, and ourselves is the lesson Dr. Wilks would have us learn.

After a touching allusion to the death of Dr. Wooldridge, and the loss which Guy's had sustained thereby, the President gave the customary invitation to all the new men to become members of the Physical Society. Dr. A. G. Barrs, of Leeds, then read a paper on "Medical Education," which appears in another column. The applause which followed the reading of this paper was certainly well merited, and we thank Dr. Barrs for the opportunity of perusing his paper at leisure which its publication in the Gazette will afford.

After a vote of thanks to the Treasurer and Dr. Wilks, the meeting adjourned.

Tea and coffee were provided in the Club, and there was a capital exhibition of drawings, photographs, &c. This pathological academy is always one of the most interesting features of the First evening, and it has established quite a reputation for itself. To attempt anything like a just criticism is far beyond our powers, so we must adopt the method of "complete enumeration," if indeed that is possible, apologising at once for failing to recognise the touch of genius through want of the artistic faculty.

Among the pathological drawings of Mr. Toogood, the Hospital Artist, were two female heads, which were excellent in colouration and detail; in fact the pathological changes in the skin of the face were so well subdued in colour that they were hardly noticeable at a first glance, and doubtless they were faithfully represented. But the pathologist requires his

"points" to be brought out prominently, and yet that is sure to offend the artistic eye. While congratulating Mr. Toogood on these two masterpieces, we must ask him to forgive us for remarking that there is not enough anatomy in some of the drawings. It ought not to be necessary to look in a catalogue to find out what organ the drawing represents; the same applies to specimens in a museum, and it is a difficulty not always easily overcome.

Turning to the photographs, the largest collection was owned by Dr. Samways, and embraced a variety of subjects, such as the attitude of a patient in a fit of epilepsy, different stages in the progress of myxœdema, the "Ghost in the Garden," some reproductions on opal, which were very perfect, photos taken in a drawing-room, and various country scenes. One charming print of a little maid on a gate at the end of a lane between dark fir trees was quite the best thing in the show for light and arrangement. Mr. Evershed had some excellent illustrations of herpes zoster, nodes on the tibia, tumours, atrophy of the trapezius, and various deformities of the limbs and joints. A series of photographs of tumours of the bladder and dilated bronchial tubes taken from specimens preserved in the Museum, by Messrs. Evershed and Du Boulay, were remarkably good, and will form most valuable additions to the collection in the Museum. In microphotography Mr. H. E. Durham is unrivalled. His best were taken from sections of nutmeg liver, and of the spinal cord in health and disease. Mr. G. H. Pennell contributed the temperature charts of six recent cases of scarlet fever observed at the Evelina, in which the rash appeared within ten hours of the outset of pyrexia. A typical series of bacteriological cultures was shown by Dr. Washbourn, and Messrs. Down Bros. provided a number of medical instruments, including all the latest additions to the surgical armamentarium.

T.

ANATOMY AND DISSECTION.

A Historical Sketch.

(Concluded.)

"Rather serious, is it not?" said a distinguished surgeon lately to me, specially as to these sketches, "to find that events the like of which are within our own memory are coming near to antiquities—but we live fast now." Within my memory London that held under a million people, now appears to be approaching five, and statisticians talk of nine millions in the not distant future. But to our "subjects."

Our own Sir Astley was in 1793 the professor of anatomy at the old College of Surgeons, and dissected and lectured upon the executed criminals in the yard of Surgeons' Hall. Up to 1820 the executions in London numbered at least 100 in the year; in the chief part of the reign of George III. the number was shockingly great, and so the supply for dissection from that source alone was considerable. It is almost grotesque to know that leading surgeons, whose names we must hold in respect and even reverence, had directly or indirectly to squabble and traffic for bodies, that their classes might obtain instruction in anatomy. Something of this kind may be noted in the memoirs of Sir Astley Cooper, by his nephew Bransby. But long before that, say 170 years ago, Cheselden was very busy and very successful in obtaining what he wanted of these "commodities" for his private teaching and lectures.

The names and personalities of the roughs, may I call them so, who supplied the Borough Schools were known to me, and the four to seven or eight guineas, which was their price in my time, was often enough very hardly earned. On one occasion, by a sort of tradesunion feeling, the purveyors, thinking themselves illiberally dealt with, made an inroad into the dissecting room, and in some rough way spoiled the subjects which had been obtained other than through them; on this occasion there was either a trial or a compromise, no doubt the latter; it was a delicate subject to bring before the public, and would not have answered the purpose of either the surgeons or the supply men. The leading roughs were Irish, and characteristically enough imported many of their subjects from Ireland. One or two of the resurrection men lived in St. Thomas's tents, the locality where-about is now the Terminus Hotel. One of these men made his little fortune, and bought houses in Winter Terrace, opposite the County Gaol, to which he at last retired with an "easy competence;" and another with a characteristic Irish name came at last to advertise for land in which to invest his savings. Mr. Abernethy on one occasion, having need of a larger supply than usual, agreed with our Murphy at a price, but a bonus of fifty pounds was demanded before the trade could be opened; it was said that the money was paid, but that the surgeon got neither subjects nor money back.

Our purveyors became at last so unreasonable in their demands, that the students for a short time became their own resurrection men; that, however, lasted but a very

short time, as they were cheated and duped on every hand, and ran in much danger of very rough treatment at the hands of the law besides.

Robert Grainger, one of the two clever brothers, superior men in every sense and fine anatomists, was a student at St. Thomas's, and in a short time became well qualified to teach others, in other words to take the position of a demonstrator, and to make a little money by "grinding," as the fagging instruction of deficient or lazy medical students was called. Grainger desired the position of demonstrator at the school, and being disappointed, he opened a very successful private school in St. Saviour's Churchyard, the square so called, and which was afterwards, in 1821, removed to Webb Street, and was hence called the Webb Street School, the same where Southwood Smith made his oration over the body of Bentham, as already spoken of. More might be said, but the more would not be pleasant. I may, however, add in postscript one melancholy illustration. In 1759, one case among numberless ones of the time—a Mary Edmondson was executed for murder, on Kennington Common, April 2nd, 1759. Alas the murder was not proved beyond doubt, but she was nevertheless executed. The good old times!! Her body was, according to the act, delivered to Mr. Benjamin Cowell, Surgeon at St. Thomas's Hospital, "to be dissected and anatomised." It was found, upon examination, that she was three months gone in pregnancy.

It was once my lot at the Old Bailey in a similar case, to bring in evidence, a case of long ago, but clearly recorded, of a young woman executed and shortly after proved innocent; it saved the young woman in whose case I was concerned. I will now, for a time at least, take my leave of my kindly readers at Guy's, and say what pleasure it has been to me to put together these few papers for Guy's Hospital Gazette.

A Student of Guy's in 1830.

Sept. 20th, 1889.

A CHINESE EXAMINATION HALL.

Canton is a curious city, perhaps the oddest and the most incongruous of any in the world. Situated on the Pearl River, 90 miles from Hong Kong, on lat. 23° 7′ N. and long. 113° 14½′ E, it is the capital of the Kwongtring Province, and contains 1,000,000 of the 400,000,000 souls which inhabit China. This vast city is one labyrinth of lanes bordered by houses and shops, running in every direction, and any new-comer, alone, would soon lose his way here. So narrow are the thoroughfares that one seems to be passing for hours through the interior of some mammoth establishment, where, in endless succession, wares of all varieties are exposed for sale, and where manufacturers and producers of the same may be seen at their work. These lanes or passages are as narrow as those we have experienced in Mint Street, Borough, or in the close alleys of Whitechapel. They are as dissimilar, in that they are partly closed above by Chinese hangings obstructing the day light, and that they are much more congested with human beings—a class of creatures, quiet, peaceable and hard working. Many of these dimly lighted streets form long arcades. As members of the human race, the Chinese are, I think, superior to those that infest our alleys and slums, and they are as exceptionally an orderly people.

The tempered and mellow light, the brilliant gilt and vermillion signs, with their quaint Chinese lettering, the colour and variety of goods offered for sale, and the odd faces and costumes of buyers and sellers, all combine to form a picture at once strange and pleasing. For hours two of us journeyed through the city, stopping now to enter some shop, or visit a temple, or inspect a public building; but we were fortunate not to witness a common street sight of Canton "executions," the chopping off of live men's heads, the same rolled aside with little ado, and to be continued in three weeks' time. This is a sight which all who visit Canton are exposed to, both lady and gentleman "globe trotters." The executioner, a burly Chinaman, will shew you the keen edge of his sword, and point out the blood. For this twenty-five cents will be expected, followed by a pleasant smile and bowing; the crowd around joins in the smiles. The Chinese are not an emotional race, and they only occasionally use their oral elevators. The angles of their mouths are usually depressed—they are a conservative, peaceful and plodding native, and hit the happy medium by not being too "up" or too "down." Their morality is peculiar, and their pleasure for opium is not so much abused as is generally thought; when once acquired, the habit of opium smoking is worse than drink—the moral nature becomes completely annihilated.

Now we are among shops where the most beautiful silks and crapes and embroidered goods, vases, countless articles, bearing the quaint finish of Chinese art, fans, carved boxes, artificial flowers, &c., &c., are offered for sale—a sight which entirely eclipses every other town of the world, both for its novelty and ingenuity. Now furniture establishments are glaring at us: handsome chairs, sofas of rich woods and variegated marbles, some going through the process of manufacture. We are in another street where many other oddities are to be seen; shops where dogs, rats and cats are being prepared for food. We are passing a marriage and a funeral procession—a Mandarin has just gone by in his chair, probably he has been making a good squeeze. The air is freighted with incense from a neighbouring temple or ancestral shrine. A thousand little incidents of interior life were disclosed to us, for everything seemed open to the eye of the passer-by. The shouting and calling, laughing and scolding. What a singular Chinese Babel! We have written briefly of the typical city of China, and which really can only be properly described in volumes, such is the extent, variety and mixture to be seen in Canton. These few lines preface an object of much more interest to the student of medicine, viz., the Examination Hall at Canton.

The examinations in China are competitive. Every subject of the empire can compete. The triennial

examination of candidates for the Kü-yan, or second literary degree, is held in the Examination Hall of Canton. All the Sin-tsai, or graduates of the first degree, in the whole province are required to compete at this examination. The hall, which is an enclosure, is divided into two sections, that for the candidates and that for the officials. I will not submit a plan owing to the valuable space of this Gazette, but the general arrangement of the Canton Examination Hall is as follows:—

1. Outer entrance.
2. Principal entrance.
3. Gate of equity.
4. Dragon gate, which leads into the great avenue.
5. Watch tower.
6. God of literature in second story.
7. Inscription over avenue, "The opening heavens circulate literature."
8. Hall of Perfect Rectitude, where essays are handed in.
9. Hall of Restraint. where title page of the essays are sealed up.
10. Hall of Auspicious Stars, where essays are examined.
11. Private rooms of chief and second Imperial Commissioners.
12. Private rooms of ten Assistant Examiners.
13. Private rooms of the Governor, who is the chief civil officer.
14. Room where essays are copied in red ink.
15. Rooms where copies of essays are read and compared.

On each side of the great avenue are ranges or closets parallel to one another, in which the scholars write their essays, take their meals, and are in perfect seclusion for three or more days. These cells are $5\frac{1}{2}$ feet long by $3\frac{3}{8}$ feet wide, and are 11,616 in number: they are devoid of furniture. The apartments for the officials, copyists, police, and servants, are in the rear, and there is room for about 3,000. The examination begins on the 8th of the 9th moon, and occupies three sessions of three days each. The same texts are given to all at daylight, and the essays must be handed in the following morning, after which the candidates leave the hall to re-enter the following day for the next trial, and these are booked for promotion in civil offices. They are also required to go to Peking, the capital of China, to compete for the third degree. The hall is about 1380 feet long by 650 feet wide. This is undoubtedly a fair test examination "ideal;" it is clear that the officials take every pains to make it most just considering the high position a successful candidate qualifies himself for. The placid Chinee must make a fair examiner. You will see that the Celestials leave no stone unturned, for even police have rooms allotted them. What we saw of Chinese Medical Students convinced us that they are as well behaved and as thoughtful as those who boast of being Guyites. Some of these notes are from Dr. Kerr's "Canton Guide," published in Hong Kong by Kelly and Walsh.

J. F. BRISCOE.

Sport.

RUGBY FOOTBALL CLUB.

A General Meeting of the Club was held in the Surgical Class Room on Friday, 13th, Mr. Davies-Colley in the chair. The officers for the present (forty-sixth) season are—A. Allport, *Captain;* L. E. James, *Hon. Sec.;* J. H. Bryant, *Treasurer;* J. Briggs, F. G. Swayne, N. Instone, J. Fawcett, H, Wilks, *Committee:* A. W. Sheen, *Captain* of Second XV.

The card for this season is a very strong one, and includes such teams as London Welsh, Middlesex, Wanderers, Oxford, London Scottish, Old Leysians, Northampton, Richmond, and Blackheath.

GUY'S HOSPITAL v. DULWICH COLLEGE.

Played at Dulwich, resulting in a win for Guy's by five points (one goal and two tries) to one try.

Guy's, as usual, opened their season with Dulwich on Saturday, Oct. 5th. The former put only a moderate team into the field, but managed to win. Biggs was in rare form, the tries were obtained by him, and he also kicked the goal.

Guy's.—H. S. Desprez, back; J. H. Bettington, J. E. Biggs, E. S. Tuck, three-quarter-backs; H. Cooper, L. E James, half-backs; A. Allport (capt.), G. T. Birdwood, N. Instone, Pantin, W. G. Rogers, H. Wilks, Meryck-Jones, and Nicholson, forwards.

ASSOCIATION FOOTBALL CLUB.

The officers for this season are—O. J. Bradley, *Captain;* V. Pendred, *Hon. Sec.;* W. H. Jewell, C. G. Roberts, H. Austen-Smith, H. Wilks, W. E. Sturgess Jones, *Committee;* W. G. Mumford, *Captain* of Second XI.

Guy's Hospital *v.* Royal School of Mines.

Last Saturday we played our opening match in wet weather at Raynes Park. Of the new men who played, Frith, Burrell, Hewetson, Fisher, W. Poole are likely to prove very useful men. We won easily by 5—0.

Guy's—C. C. Poole (goal), W. Frith, V. Pendred (backs), L. C. Burrell, W. H. Jewell, W. Poole (half-backs), H. Hewetson, A. Fisher, O. J. Bradley, F. Rouse, C. Kirkby.

CRICKET CLUB.

Notice.—There will be an Annual Meeting of this Club on Monday, October 16th, in the Chemical Theatre at 4 p.m. Mr. Arthur Durham in the chair.

Business.—Election of Officers, &c. All first and second years' men are invited.

APPOINTMENTS.

Crisp, J., L.R.C.P. Lond., M.R.C.S. Eng., has been appointed House Physician and Secretary to the Stamford, Rutland, and General Infirmary.

Hewlett, Clarence W,, L.R.C.P. Lond., M.R.C.S. Eng., has been appointed House Surgeon to the Coventry Hospital.

Advertisements.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Subscribers who wish to have their Gazettes *for 1888 bound in one volume, should leave the numbers, with the Index published on January 19th, with the Librarian without delay. The cost of binding in the Hospital colours is one shilling and sixpence.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Guy's Hospital Gazette,

OCTOBER 26, 1889.

HISTORICAL SKETCH OF THE MEDICAL SCHOOL.

(Continued.)

Dr. William Babington (1802–1833) was the last of the older school among our physicians before the era of physical diagnosis by the stethoscope and the test tube, and before diagnosis was regularly tested by the verdict of the deadhouse. He was an Irishman, full of wit, humour and good nature, upright and benevolent, learned and delighting in learning. He was for many years resident Apothecary to the Hospital before becoming a physician, and afterwards lectured on chemistry and materia medica. He was one of the founders of the Hunterian Society and of the Geological Society, and made the best collection of minerals of his time. He died of the epidemic influenza in May, 1833, at the age of 76, and a public statue was put up to his memory in St. Paul's Cathedral.

Dr. Gooch, his contemporary, describes him as "a man who to the cultivation of modern sciences adds the simplicity of ancient manners, whose eminent reputation and rare benevolence have long shed a lustre over a profession which looks up to him with feelings of respect, confidence and regard." Dr. Murch adds, "History does not supply us with a physician more loved or more respected than was Dr. Babington."

Benjamin Guy Babington (1840 to 1855), was son to the last named, and was born within the walls of the Hospital. He first entered the navy, and was present at the battle of Copenhagen (1809). He afterwards lived seven years in India, and became an eminent Oriental scholar. He was a man of fine presence and great accomplishments. He invented a laryngoscopic mirror, and cultivated chemistry and physiology with success. He died in 1866.

Dr. Richard Bright, whose name is probably more widely known than that of any other physician in modern times, was a student of Guy's Hospital in 1811, assistant physician in 1820, and lecturer on medicine in 1824, first with Dr. Cholmeley, and afterwards with Dr. Addison for his colleague. His great discovery of the connection between dropsy, albuminuria and renal disease was the result of long and laborious researches in which he was helped by Dr. Barlow and Dr. Owen Rees. The "new disease," as it was called, was described in the first and two subsequent volumes of our Reports (1836 *et seq.*) But beside this, Dr. Bright first described cases of what is now known as acute yellow atrophy of the liver, of pigmentation of the internal organs from malaria, of convulsions without loss of consciousness (Jacksonian epilepsy), and of the sequelæ of chorea and whooping cough.

Bright died in 1858, aged 69, of stenosis of the aortic valves. "Personally he was blessed with an even temper and a cheerful disposition; most considerate towards the failings of others but severe in the discipline of his own mind. He was sincerely religious both in doctrine and practice, and of so pure a mind that he never was heard to utter a sentence that was not fit to be heard by a child." He married a daughter of the elder Dr. Babington.

Thomas Addison was appointed assistant physician in 1824, and became lecturer on materia medica soon afterwards, when the old

botanical theatre was crowded by students from all parts of London. He became full physician in 1837, and shared the class of medicine with Dr. Bright. With equal patience and sagacity, he excelled that great physician in personal endowments, in brilliancy of diagnosis, and in power of eloquent speech. Unhappily his manly and generous character was marred by irritability and depression, which had no share in Bright's genial temperament. The remarkable discovery that a special disease of the suprarenal capsules may be detected by certain symptoms during life was not Addison's greatest merit. He first described both clinically and pathologically the grave and idiopathic form of anæmia, which was long after re-discovered and re-named essential, progressive or pernicious anæmia. He first demonstrated that the seat of the exudation in pneumonia is not in the interstitial "parenchyma" of the lung, but in the air vesicles themselves. He first taught that the instrument of destruction of the lung in phthisis is pneumonia; and, in conjunction with Sir William Gull, he gave the first description of what is now known as Xanthelasma. As a clinical teacher and a lecturer Addison was foremost in his time, and at Guy's he filled a place like that of Astley Cooper.

Dr. Wilks says of him:—"He has been known to startle the sister of a ward in the middle of the night by his presence; after going to bed with the case present to his mind, some point occurred to him and he could not rest till he had cleared it up. He has been known, after seeing a patient at a distance, to have remarked on his near approach to London that he had omitted some inquiry, and to have posted back to satisfy his mind on the doubt."

"If at last he could lay his finger on the disease his victory was obtained, and his painstaking satisfactorily rewarded. His whole bearing in the profession was to the last degree honourable, and anything like jealousy or illwill against another professional man never entered his mind." Addison resigned his duties from ill-health in 1860, and died the same year at the age of 71.

(To be continued.)

A VISITOR AT GUY'S.

As I went down the Borough yesterday to get my accustomed mid-day collation, a venerable old gentleman stopped me. His countenance was of surpassing ugliness, yet withal there beamed upon it the fire of intense zeal.

"I presume," he began, "you are a votary of Asclepios?"

"You are right" I replied, "but are you not well, sir?"

"Quite well as regards my body," said he, "but in the matter of the soul, I am somewhat in doubt, for all the citizens are not agreed in what the soul's health may consist."

"Pehaps, sir, you are desirous of observing the votaries of the healing art engaged in the acquisition of the principles of their profession," I said.

"You have divined my wishes," he replied smiling, so we turned down St. Thomas's-street.

As we entered Guy's I pointed out the statues of Asclepios and Hygieia, whom he considered worthy patrons of a noble profession. First we entered the library; here were many bibliophiles studying musty tomes, whilst others appeared to be under the spell of Morpheus.

"Do these assemble here on the one hand to attain knowledge, or on the other to acquire a comfortable warmth?" my companion enquired.

"Probably with both objects," I replied.

He also remarked that several seemed overcome, not less by postprandial somnolence, than by unremitting devotion to their tasks. So we went on to the dissecting room.

"To what purpose is this strange pursuit carried on," my friend enquired.

"Many useful objects," I replied, "are obtained by a thorough devotion to it; firstly, that accurate knowledge of the disposition of the human interior, which enables the skilful leech to rightly diagnose those maladies which men are subject to, and it may be, if the gods so will, to heal them; secondly, it is a study which requires for its successful prosecution many qualities, which philosophers tell us contribute to the composition of the ideal man, such as patience, perseverance, observation, accuracy, devotion to duty, however disagreeable, and the like; while if pursued wrongly it may produce the corresponding bad qualities, such as slovenliness, or even strange oaths profanely uttered; and thirdly, that man who has excelled in this exercise, whether by dint of ceaseless industry, by natural gifts, or by a proper proportion of both, will also excel either in this profession or in any other calling he may undertake, if he do but continue in the same path of virtue; and will assuredly afford much relief unto unhappy mortals racked with grevious pains, as he will not the less certainly gain the respect, the admiration and the honour of his fellow men, and these are not only as mere polite civilities, but very palpably as obols, didrachmæ, and even talenta, representing in very deed, 'the converted sweat of man's brow.'"

My friend admitted that, if I had given him a truthful portrait of its advantages, the study of Anatomé was one to be encouraged, for that by it virtue was rewarded, whilst indolence and carelessness met with constant reprobation.

"But who are these elders, of noble aspect, clad in white chitons?" said he.

"They are the Anatomarchs," said I, "who advise and assist the neophytes in their pursuit of this most exact science of Anatomé. Those who are diligent in their studies will ever find them most benevolent, but the vicious with good reason dread their vituperations."

"This again is as it should be," he remarked, "but as regards the air in this hall, I fear it does not remind me of the Peiræus."

"In sooth it does not" said I, "for at the Peiræus and all along the coast of Attica the air is fresh and contains triple atoms of oxygen, called by the sophists, Ozone."

I now felt such a sinking at the pit of my gaster (I had not yet taken my deipnon), that I requested my worthy friend to come again some other day, and see the hall wherein the votaries of the goddess Chemeia do assay with divers fluids, and also the rare and wonderful treasures preserved in our temple to the muses (for our worship is not that of Hellas), which indeed he promised to do, and as I assisted him into an omnibus he put a card into my hand bearing the name of

SOCRATES.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Sir,—Gray, in his anatomy, states "that the inner table of the bones of the skull is more brittle than the outer, but that this is denied by some authors, who affirm that the supposition has arisen from the fact, that when the skull is fractured by a blow, or when a foreign body such as a bullet enters the skull the inner table is often more splintered than the outer. They declare, however, that this is due to the direction of the force applied." In the Hospital Museum there is a curious specimen (1882-70), pointed out to me by Dr. Wilks, illustrative of this point. It is a portion of a skull, pierced right through the right parietal by a bullet, which then passed to the left side of the frontal. The inner table of the portion struck by the bullet shows a black mark only, whilst the outer table is actually splintered, thus supporting the theory that the usual splintering of the inner more than the outer table, is due to the direction of the force, and not to the brittleness of one table over the other.—Yours truly, L. A. P.

APPOINTMENTS.

House Surgeons.—Messrs. MacConkey and MacIlwaine
House Physicians.—Messrs. Fripp and Norburn.

The Height of Impudence.—Ringing a doctor up at 2 a.m. to ask him for the address of another.

SOME MODERN TENDENCIES IN MEDICAL EDUCATION.

By Dr. A. G. Barrs.

(Continued.)

There is one aspect of this question which we shall do well to consider, because it is made the justification for so much that is being done to revolutionize without improving medical education, and that is—the relation of experimental physiology, pharmacology, etc., to practical medicine. In what I am going to say, again I must ask not to be misunderstood.

I agree that all exact knowledge, whether it can be put to immediate practical use or not, justifies almost any means to obtain it. But it is quite another question whether all should be required to be possessed of that knowledge; above all, whether all that is known in these sciences should be taught to students in a curriculum of four years' duration. The natural life of a fact in experimental physiology is said, by the unbeliever, to be two years on the average, yet how many students are subjected year by year to the enumeration of such facts, with the same solemnity with which an everlasting principle is stated. The danger of this over-teaching, or to speak more correctly over-lecturing—for it is in physiology as in too many other matters, that talking is made to do duty for instruction—is greatest in those schools where the subject is taught by a pure physiologist (as he is called), quite possibly a gentleman who has never done any serious work in medicine beyond that required of him in the latter part of his student days; and I am quite sure that Guy's is to be congratulated upon the fact that, in spite of the great temptation which must now and again have been placed in her way to do otherwise, she still entrusts the teaching of physiology to a member of the acting staff of the hospital. This is, however, not the only matter, there are many others in which Guy's and other London schools deserve congratulation. Indeed, I may say, if you will not think me impertinent, that my remarks, so far as they have anything other than an approving tone, will scarcely find any application to Guy's at all. One hears it rumoured that the time is fast approaching when in London there will be established one central teaching body for all that is not clinical in the medical curriculum, when anatomy and physiology will be divorced from surgery and medicine, and taught by men who may never have had any practical acquaintance with medicine and surgery in their lives. This condition of affairs obtains very much in the Scotch Universities, and in the provincial schools of England, where the only practical medical training the professor of physiology, it may be, a teacher of medical students, has ever had, has been during a few short years, or it may be even months at and about the period of his final examination in medicine; and it is quite within the range of possibility, as I know, that the teacher of physiology may not be possessed of a medical qualification at all. Than this fact, I could produce no better evidence of how physiology, a science which may be fairly said to have been called into existence by medicine, has become entirely separated from its parent, and is now cultivated for its own sake. To my mind all this seems to require the gravest consideration by those who are concerned in the work of medical teaching here in London. I am strongly of opinion, if I may be allowed an opinion on the subject, that students of medicine should be taught by those whose business it is to practise medicine, that is, if the object of medical students is to become medical practitioners, and not pure physiologists, pathologists, or pharmacologists, as the case may be. I have not a word to say against physiology as physiology; on the contrary, I honestly protest the greatest appreciation, so far as I am able to follow it, of the enormous amount of work undertaken and accomplished by those who devote themselves to its pursuit; but it is clear to everybody that in physiology, as in some other of the sciences ancillary to medicine, there is much which at present finds no application in medicine at all, and consequently to which in the ordinary curriculum, already too short, time valuable for other and more practical purposes, ought not to be given. And it is also quite clear to my mind that if a process of scheduling has to be gone through to determine what parts of physiology, as it at present stands, should be taught to medical students, and what not, the proper person to make such a schedule is clearly he who is engaged in practical medicine, and not the physiologist pure and simple. Indeed, it would seem to me not unnatural that a pure physiologist should refuse to do such violence to his sense of the importance of his science as to avoid all reference to those parts of it which have found for the time being no practical application. Rather, I can imagine him to say,—"I teach physiology as a science, pure and simple, exhaustively, each winter session, and if the medical student can find anything which is of practical use to him in it, he is very welcome to it; but surely you cannot expect me, who am not acquainted with the requirements of medicine, to make the selection for him, apart from the fact that well-ascertained truths have not that attraction for me which the more debatable, speculative, and obscure parts of my course possess."

As Dr. Moxon once said, "When what is known is little and unsatisfactory, and what is not known is much and promising, then the tendency is almost inevitable to turn from the little that is known and make guesses about the greater unknown." To take a few examples at random: of what utility can it be for students of medicine to devote time and wear and tear of mind to the consideration of such subjects as the numerous theories of the causes of the coagulation of the blood as distinguished from the facts of that phenomenon—the influence of respiratory movements on the circulation; "currents of action" and "currents of rest"; "anelectrotonic decrease"; "katelectrotonic increase"; "the influence of the load"; "visual purple"; "retinal currents"; "visual judgments." All these and a great many more, which find a place in the course of physiology in many schools, important as they are for their own sakes, have so far as I know found no application, immediate or remote, in medicine up to the present time. Take, for instance, the enormous amount of work which has been done in the department of muscle and nerve during recent years, that is, since the "graphic method" has been adopted by physiologists, and you will, I am of opinion, look in vain for any substantial additions to our knowledge of nervous diseases or their treatment, arising directly or indirectly from it. Our methods of expression in speaking of nervous diseases are, as in some other departments more precise, and our terms perhaps more "scientific," that is, "less understanded of the people" than they were; but I venture to assert that the amount of knowledge gained by the physician in this department, directly from the study of physiology, has been infinitely smaller than the amount of knowledge given to the physiologist as the result of work in the wards and post-mortem room. And a

moment's consideration will, I think, lead you to the conclusion that this must be so. The experimental work done in this department of physiology has been done, as a rule, under conditions so utterly and completely artificial, conditions under which it is impossible that we can ever expect to observe or to treat diseases, that of necessity only the very broadest generalizations, so broad indeed that for practical purposes they are of no avail, can be drawn from them. Indeed I am almost tempted to say that too strict an attachment to a physiological view point, has, in some instances, distinctly retarded the progress of medicine. Take, for example, the whole group of paralytic conditions due to affections of the peripheral nerves, about which such an enormous amount of literature has accumulated during the last few years, would it be too much to say, that, had it not been for the concentration of the medical mind upon the central nervous system to the almost entire exclusion of its peripheral parts, a concentration quite the natural result of the physiology of our time, this large group of affections would long ago have found its place in our text books of medicine. While the physiologist was continually teaching that the peripheral nerves were mere conducting pathways capable of manifesting no function either healthy or diseased, except at the behest of the centres from which they arise, it was but natural that the pathologist should frame his teaching accordingly, and deny to such highly specialized tissues as nerve and striped muscle, even the possibility of their taking upon themselves any diseased process whatever. Could anything be more unscientific in the best sense of the term? Again, it is not alone the quantity and the kind of material which in the shape of physiology is administered every winter session, but the methods of its administration, and the capacity of those to whom it is administered.

As we all know, there are some drugs which given in medicinal, usually small, doses in suitable cases and at appropriate times enable us to alleviate, even to cure disease, and without them life to some would be impossible, but which if given in larger doses or to unsuitable cases or at improper times produce alarming symptoms, and, it may be, death; so it is with our physiology, small doses in suitable cases and at appropriate times have nothing but a beneficial effect upon, nay, are absolutely essential to our medical education, but in larger and improper doses have only a deleterious influence upon those to whom they are administered, so that there is danger, to borrow the phrase but not the meaning of Dr. Goodhart, that "we may be killed by the perfection of our physiology." Even the very terms used are for the most part utterly unlike any terms heard before. Can anything be more ludicrous than a first year's student, whose preliminary education has enabled him with difficulty to pass the examination of the College of Preceptors, being introduced with all gravity to such terms as "karyokinesis," "karyostenosis," "deuthyalosome," "poikilothermal," "homœothermal," &c., all of which require at least a senior classic to determine their proper quantities, let alone their precise meanings. I am glad to see that Dr. Michael Foster has at length felt himself at liberty to set a good example in this respect, and in the last edition of his Text Book of Physiology speaks of side to side, and back to front diameters of the heart, instead of anterior, posterior, and bi-lateral, which are no more necessary for useful description in anatomy and physiology than it is necessary for the box seat of a Brompton omnibus to be described as its superior anterior external surface,

In spite of the enormous progress of physiology during the last ten years, I am glad to see that Mr. Golding Bird still considers that three lectures a week afford him ample time to lay before you all that he thinks necessary of that science, for it is in the didactic or systematic lectures that I am inclined to think that this tendency to over-elaboration is most commonly seen, and matters which can only be discussed and not demonstrated, find a place. Dr. Moxon has said, and I need scarcely say truly, "that medical literature, when it goes beyond what you can see for yourself, is full of vain strife and contradictions," and I would say the same of medical lectures, especially those which deal with physiology. Dr. Pye Smith, in the preface to his Syllabus of Lectures in Physiology says that "increasing experience in teaching has led me to diminish every year the number of facts taught, and to spend more and more time in the full explanation and repeated statement of those which are most essential." I wish that Dr. Pye-Smith could infuse a little of his spirit into other schools and other teachers. I have sometimes thought that it might with propriety be enacted, by what authority I should not like to say, that no teacher should teach more than he can demonstrate in these ancillary sciences, and even then there would be much work to do which would have to be forgotten. Gentlemen, contrast your own happy condition in this respect with that of the student in a Scotch University, or in some English provincial school, where no less than a hundred lectures are given every winter session in physiology, and in Scotland many other subjects, The weary hours spent day by day in eating or rather being crammed with that which is not bread! It would not be so much a matter of concern if in these schools the student were left some sort of discretion or freedom as to his attendance upon didactic lectures, but it so happens that in the schools where lectures most abound, there the attendance required is most strict. This is, after all, what one would expect, for the earnest believer in the didactic lecture as a means of instruction very naturally and consistently insists upon as many lectures, and as much attendance as he can possibly wedge into the session. To such an extent is the virtue of the didactic lectures believed in, that in some places it seems to be held in higher esteem than even the clinical teaching of practical medicine, and the capacity of the school for teaching the practice of medicine is estimated by the size of the lecture theatre, rather than by the number of beds in the hospital. Sometimes I think that it may be possible that in such a school the teachers, appalled by the inadequate amount of their clinical material, hope to create a diversion, so to speak, by continually pealing the class-room bell.

(To be continued.)

TIPS.

What is the definition of a tip? Not having a slang dictionary at hand we really cannot say. Somehow or other we have all learned what the "straight tip" means, and perhaps have even tasted a famous article called Tip Top Tea. Now there is a branch of knowledge specially devoted to the study and cultivation of tips. Curiously enough it has never yet assumed a distinctive title, though it has long been vulgarly

known as anatomy. Being essentially a practical science and cultivated entirely by practical men, the principles and theories on which it rests have never been carefully formulated, and to this we ascribe the want of a scientific name by which it may be known in the classification of all the remaining branches of true knowledge. Its history, too, has never been written, so there is very little that is generally known of its origin and early development. Under these circumstances we boldly venture to baptise this innominate offspring of an anencephalous generation with the name of Tipsology, so that it may be received into the flock and be numbered with the elect of λόγος. With this idol in possession, our next duty is to draw up a form of worship, its high altar for the sacrifice of intellect having been already erected near Waterloo Bridge, where in the stillness of the night the souls of many "passed" ones gather around, singing hymns of praise to their golden calf, and defying the machinations of the pluckers. But it will take us too long to go in detail into the principles of this exact science, and so we will leave that for another occasion and pass on to consider some of the results and discoveries already made known by tipsologists. To begin with a rudimentary, not to say crude and trivial, example—when asked how many centres of ossification the Os Innomin - eight - um has, the tipsologist is promptly on the spot, while his dullard pal, ignorant of the divine light of tipsology, reckons up on his fingers (including the thumb) "One for the ilium, one for the crest, one for the ischium, &c." When the same question is applied to the Humerus and the Scapula, the scientific tipsologist counts the letters in the names, and quickly replying "Seven" passes with honours, while the vulgar anatomist gets six months to study those bones again. Yet these are not the limits of this wonderful science, for when called upon to enumerate the branches of the Aorta, our faithful disciple, reverently passing his hand across his brow, and with moving lips but silent tongue, offers up this anxious prayer "Please Can Soft Soap Remove Stains In Ladies' Shoes?" and makes reply in accents bold "Phrenic, Cœliac Axis, &c." If instead of Aorta we put Internal mammary, the tipsologist cheerily remarks (generally *sotto voce*, though not always) "Come My Pretty Sally And Prepare My Supper;" or if the posterior relations of the radial are wanted, then he relies on the fact (?) that "Tom Smith Pays For Fruit Pretty Regularly." Or, again, is it the structures inside the ankle that we seek to know? He tells us that "Timothy (*scil.* Holmes) Does Vex All Very Nervous Persons." It is right to add that this list may be indefinitely extended and perpetually employed, provided always that the tip is sufficiently idiotic to fall within the grasp of the lower cerebral centres. But, lest there should be any misunderstanding as to the varieties or kinds of tips, we would point out that a sentence is by no means necessary. A word will do. Thus: Salasap, in the tipsologist's dictionary of technical terms, means the branches of the axillary artery; Opto, the bones grooved by the lateral sinus; Bodfi, the direction of the descending cornu. The sixth nerve supplies the external rectus because there is an x in both: which sounds a little like a nursery riddle. The vulgar anatomist believes that both ureters are exactly alike, but our worthy scientist would tell him there is a Vas Deferens between them. The order of the nerves passing through the sphenoidal fissure is 4, 5, 5, 3, 5, 3, 6; though this may be mistaken for a ticket number at the Army and Navy Stores, and hence should be used with care.

But we have said enough to illustrate the modes in which this science is applied, and it only remains for us to advocate as emphatically as possible the claims of Tipsology on an amnesic and exam-ridden race.

Passim.

The returns from the medical schools show that Guy's is second on the list, with 91 full entries, being 17 below Bart's, and 16 above London. Adding 53 who have entered for special classes, brings our total to the very respectable figure of 144.

Surgeon H. E. B. Flanagan, whose death was lately recorded in the Gazette, was a very distinguished Guyite. He entered in 1875, and took the Michael Harris prize in anatomy, the first prize in the third year examination, and the Treasurer's gold medal in medicine. He was dresser to Mr. Bryant, and afterwards Resident Obstetric. He then entered the service, and spent some years in both the East and West Indies. During this time he devoted his energies to the study of languages, and passed very high examinations in Hindustani and Persian. He died of enteric fever at Bangalore, at the early age of 31. We heartily sympathise with his friends in their bereavement, and deeply regret the loss of such a brilliant student of our school.

The Pass List this week is a good one, and we congratulate all those whose names are there written, wishing them many happy returns of such successful days, if they will construe that compliment not too literally. The results of the Second Conjoint, indeed, may be described as "phenomenal."

Mr. W. A. Lane has succeeded Mr. Symonds as Lecturer to the Nurses and Lady Probationers.

Miriam and John are returing to their old quarters after some months residence in Addison. We should have said "new" quarters, for the alterations are such that Clinical almost seems like a new building, and it would be necessary to draw a rough diagram to explain these important changes to the uninitiated. The House Physicians' sitting room is gone with the summer—that cosy, sometimes rather stuffy, little room the scene of many an ardent discussion on clinical and other topics, of quiet afternoon teas, and of the peaceful midnight slumbers of the "clinical," who unfortunately had missed his last train. With the adjoining room it has been converted into a laboratory for Dr. Stevenson, and that previously occupied by him is now the kitchen belonging to the wards.

What a crowd there was at the Annual Meeting of the Students' Club! Surely it was not the balance sheet that proved so attractive, though that was highly satisfactory—a balance in hand of £143. Whatever may have been the cause, Dr. Samways rewarded us with a capital speech, lucid in style and most convincing in effect, and we hope the committee for the ensuing year will he able to make such improvements as are necessary. Perhaps one of the first of these should be the collection of the one hundred and three subscriptions that are due.

Mr. Mothersole has gained the Gurney Hoare Prize for clinical reports. How is it the competition for this prize is so poor, when nearly every full dresser (and junior too, for that matter), has abundant material at hand? It only requires six well reported surgical and medical cases, with a short commentary on each, and these can easily be obtained during the six months in the medical wards, and the dressership. There can be no greater mistake than to suppose that one must have rare cases to send in. The reverse is nearer the truth.

Our late colleague, Mr. S. E. Prall, who was invalided home from India, we are glad to state has so far recovered that he was able to start on his sentimental journey on October 9th. The compliments of the season to Mr. and Mrs. Prall!

Ex.: What is the function of the Transversus Perinei?

Cand.: To approximate the tubera ischii in the act of defæcation.

Ex.: How would you empty a well twenty feet deep?

Cand.: With a syphon.

Ex. (*leading him on gently*): Yes, and by the principle of the syphon one leg must be longer than the other.

Cand.: Oh! I imagine the well is on the top of a hill.

PASS LISTS OF RECENT EXAMINATIONS.

FIRST CONJOINT EXAMINATION.

PART I.

CHEMISTRY AND CHEMICAL PHYSICS.

A. B. Creak. J. A. Mathison.
W. H. Peake.

PART II.

MATERIA MEDICA AND PHARMACY.

J. H. Busteed. H. W. Graham.
D. A. Chaning-Pearce. E. Hunt.
S. Croneen. W. D. Macdonald.

PART. III.

ELEMENTARY ANATOMY AND PHYSIOLOGY.

H. S. Deprez. W. G. Mitchell.

SECOND EXAMINATION.

ANATOMY AND PHYSIOLOGY.

S. Croneen. E. E. S. Roe.
W. E. de Korte. F. C. Stearn.
W. T. B. Donnelley. E. E. B. Landon.
C. M. Fleury.

ROYAL COLLEGE OF PHYSICIANS.

PRIMARY EXAMINATION.

CHEMISTRY.

S. R. Thomas. J. P. Watkins.

FINAL EXAMINATION.

MEDICINE.

F. W. Hall. E. E. P. Tindall.
H. B. Perkins. P. Purnell.
P. Paget. H. V. Hickman.

SURGERY.

H. P. O. Manning. V. J, Hodgson.
W. G. Beyts. W. E. Kelbe.
H. V. Hickman. F. W. S. Davies.
G. N. P. Carroll. R. G. P. Lansdown.

MIDWIFERY.

F. W. Hall. A. C. Eliman.
H. P. Perkins. N. B. Clowes.
P. Paget. W. S. Montgomery Smith
A. E. Norburn. E. M. Dobinson.
G. F. O'Fflahertie.

Hospital News.

INTERESTING CASES.

LYDIA	23	Abdominal wound with protruding intestine
	12	Dislocation of femur.
LAZARUS	22	Congenital deformities.
NAAMAN	14	Caries of os calcis.
	18	Ostitis of astragalus.
LUKE	14	Hæmaturia, ? cause.
	2	Contracted knee.
CHARITY	21	Abdominal tumour.
	20	Malignant disease of rectum.

GUY'S HOSPITAL STUDENTS' CLUB.

The Annual Meeting of the Club took place on Friday, October 18th, in the Anatomical Theatre, at 4 p.m. Mr. Arthur Durham, the President, was in the Chair, and Drs. Taylor, Hale-White, and Pitt, as members of the Committee, and Mr. C J. Symonds, as Treasurer, were also present. In the absence of the Secretary (Mr. W. A. Lane), the Treasurer read the minutes of the last general meeting, which were confirmed, and then presented the annual report with the balance sheet.

SECRETARY'S REPORT.

The balance sheet, which has been prepared and duly audited, shows the following results:—

There was a cash balance in hand at the beginning of last year of £25 8s. 5d. The subscriptions for the year reached the sum of £181 4s. 0d.

Sundry receipts, such as rent from Steward and sale of papers, amounted to £21 10s. 3d., showing a total income for the year of £228 2s. 8d.

On the expenditure side the largest item is £31 6s. 9d., being cost of papers, periodicals, &c., for the year; and £22 10s. 0d., being interest at 5 per cent. on the loan from the school fund to August 31st, 1889, £200 of which is still outstanding. Other incidental expenses specified in the balance sheet amount to £31 3s. 11d., making the total disbursements for the year £85 0s. 8d., and leaving a balance in hand to be carried forward of £143 2s. 0d.

The present position of the Club is as follows:—

Life members	100
Annual subscribers to date	183
Total	283

Of the above annual subscribers 42 are now Students just entered, and 141 who have continued their membership from last year, thus showing that 103 who were members last year have not, up to this date, paid their subscriptions for the ensuing year.

The cash receipts on account of this year to date amount to about £120. making, with the balance brought forward, £263 2s. 0d. in hand.

It was proposed by Mr. Fripp, and seconded by Mr. Russell, that the above report and balance sheet should be published in the GAZETTE. Dr. Samways, in a very excellent speech, moved that the Committee be recommended to consider the advisability of adopting certain changes with regard to the management of the Club, and to report upon the same to a future general meeting of the Club. This was seconded by Mr. Cartwright, and carried with acclamation. The election of Student Members of Committee for the ensuing year resulted in the appointment of Messrs. Allport, Bryant, Fripp, Hopkins, James, and Samways. Mr. Wakefield was elected Auditor.

The Meeting concluded with a vote of thanks to the Chairman.

GUY'S HOSPITAL STUDENTS' CLUB.

Statement of Receipts & Expenditure from September 1st, 1888, to August 31st, 1889.

RECEIPTS.

1888.	£ s. d.	£ s. d.
Sept. 1. To Cash Balance in hands of Treasurer	20 3 0	
„ Petty Cash, Balance in hands of Secretary	5 5 5	
		25 8 5
„ Subscriptions—		
September	17 12 0	
October	92 7 6	
November	35 4 6	
December	7 5 0	
January	4 0 0	
February	1 17 6	
March	2 15 0	
April	5 5 0	
May	8 12 6	
June	5 0 0	
July	0 12 6	
August	0 12 6	
		181 4 0
To Cash, per H. Millson, for Rent to September 29th, 1888	7 10 0	
„ „ Do. do. to March 25th, 1889	10 0 0	
		17 10 0
„ „ per Mr. W. A. Lane, for Sale of Papers	1 4 9	
Do. do.	2 15 6	
		4 0 3
		£228 2 8
1889.		
Sept. 1. To Balance of Cash and Petty Cash, carried forward		£143 2 0

DISBURSEMENTS.

Aug. 31. By Cash paid Matron for cleaning steps to March, 1889			6 10 0
„ Cash paid Mr. Cole for Papers	27 8 3		
„ Do. Mr. Grattan for Magazines to March 1889	3 18 6		
		31 6 9	
„ Do, Messrs. Ash & Co. for Printing, &c. &c.		6 13 9	
„ Do. Messrs. Gainsford & Co. for Repairs, &c.		4 17 0	
„ Do. Mr. Chapman for New Counter, &c.		5 14 2	
„ For Sundries as under—			
„ Cash paid Field for Lockers, &c.	2 15 0		
„ Do. Sandeman (Lights)	1 14 0		
„ Do. do.	0 8 6		
„ Do. Winding Clock	0 10 0		
„ Do. Insurance	0 6 0		
„ Do. Picture Frames, &c.	1 10 3		
„ Do. Envelopes	0 5 3		
		7 9 0	
„ Do. Interest on Loan to School to date (£200 outstanding)		22 10 0	
„ Balance carried forward	139 6 10		
„ Petty Cash, Balance in hand	3 15 2		
		143 2 0	
		£228 2 8	

Audited and found correct,

L. E. JAMES.
JOHN POLAND.

10th October, 1889.

Physical Society.

An ordinary meeting of the Physical Society took place on Saturday, October 12th, when the minutes of the first meeting, held on the first day of the session, were read and confirmed. There was a good attendance of men, some 62 in number, and the Secretary remarked that this was a larger number than he had chronicled for nearly two years. The Secretary also referred to an item in the programme for the present session, and that was punctuality. Everyone is thoroughly determined on that point, but it will require a good all-round stimulus to get the

Society out of the bad habit of beginning half an hour late. The interest of the evening was the exhibition of cases from the wards, followed by a short discussion on each. Clinical evenings are deservedly popular, but perhaps we may be allowed to remark that those who introduce the cases should spend a few minutes before the meeting in writing out a short abstract, in which the important features of the case are detailed, and the points most worthy of discussion indicated. As many of those present have not seen the cases, they will naturally want the report well digested if they are to follow the discussion intelligently. After this friendly growl we will mention what the cases were.

Mr. F. H. Brown showed a young man with paralysis of the musculo-spiral nerve, which followed a fracture of the humerus some four or five years ago. Beside the extensor paralysis, anæsthesia and trophic changes in the fingers, there was loss of power of supination, and, apparently, paralysis and wasting of the biceps. This, however, was not universally admitted, and, even if true, the explanation was not obvious. The grasp of the hand, too, seemed distinctly weaker on the median than the ulnar side.

Mr. Fawcett read the notes of a case in which the thigh was amputated in the lower third for hip disease, as a preparatory step possibly to amputation at the hip-joint itself. This plan was adopted in order to diminish the shock of the operation, and had proved eminently successful in previous cases.

Mr. P. N. Randall introduced a case of locomotor ataxy with Charcot's disease of the knee, and a lad with lupus of an obscure nature. The former was interesting from the improvement which had followed the treatment by suspension. The knee-joint showed much laxity of the ligaments, and some distension of the capsule. In the latter case, the chief point of note was the success of the treatment by scraping when other measures had failed.

Mr. Girling fairly fetched the audience by the quaint way in which he related how he had taken a patient into his bed with a huge ischio-rectal abscess due to the impaction of a mackerel bone in the rectum. He also showed a curious tumour removed from the neck, which was connected with the external jugular vein, but the exact nature of the swelling had not yet been determined.

Two children were brought down, one with a large sarcomatous tumour occupying the whole of the side of the neck; and the other with cloven feet and malformations of the hands. But time did not permit the consideration of these cases.

After votes of thanks to the chairman, Mr. Colclough, and the gentlemen who had exhibited the cases, the meeting adjourned.

ABSTRACT OF LECTURE ON DENTAL ANATOMY.

As good surgery must necessarily be based on a thorough knowledge of the anatomy of the body, so in like manner must the successful practice of the profession you have chosen depend in large measure upon a practical and comprehensive knowledge of the special anatomy of the teeth and associated parts.

An attempt to operate upon delicate organs, of which you have no distinct and specific knowledge, is to run counter to science, and to court disaster. Now the great advantage which anatomy as a science possesses, is found in the fact that its tenets are not to be accepted, unless they are capable of full demonstration.

There is something mathematical in the precision with which we may arrive at our conclusions, indeed much may come under the actual observation of the eye, and we are absolutely forbidden to accept what cannot be fairly proved.

I do not assert that the special subject which we are about to consider—Dental Anatomy—has yet been fathomed to its utmost extent. There are probably many truths, which will yield only to further patient investigation (in which you may share if you will, for nature has no favourites, but yields up her secrets to those who woo her patiently), but we have still a good solid basis for the facts already demonstrated, and this should be an incentive to earnest study on your part. We have no flimsy problematical theories to lay before you, but plain truths and interesting because plain. It shall be my earnest endeavour to give you from lecture to lecture a comprehensive outline of the truths we have spoken about, in as simple and instructive manner as possible. I trust I may not altogether fail in arousing your interest in a subject which must be of first importance to you in the practice of Dentistry.

It is usual to recommend students to read certain text books—Tomes' Dental Anatomy is that which will help you best in your studies. It is clearly and pleasantly written, is a standard work on the subject, and a new edition is in the press, I hear. You will find Owen's Odontography full and elaborate. He is particularly lucid in comparative Dental Anatomy, and I should advise you to use his book as a work of reference, and to study his splendidly executed plates. You will, however, chiefly rely upon Tomes', as you do upon Gray's General Anatomy. Speaking from my own experience, I would advise you to take notes according to your own judgment. They will impress facts upon your mind easily, and will be useful for reference and for examination purposes here and at the College of Surgeons.

Cardiac Displacement.—"Were you wounded in the Crimea, Pat?" "No, yer honor; the bullet hit me in the chist and kem out at me back." "Why, Pat, that would have gone right through your heart." "Och, faix, me heart was in me mouth."—*Philadelphia Medical Register*.

Sport.

CRICKET.

The Annual General Meeting of the Cricket Club was held on Monday, October 14th, in the Anatomical Theatre, A. E. Durham, Esq., F.R.C.S., in the chair, when the following business was disposed of:—

The Balance Sheet. This was not able to be placed before the meeting owing to Mr. W. G. Scott's unavoidable absence.

Mr. Colclough next proposed: "That the men to represent the first year's students on the committee be elected by the committee at the commencement of the summer session." This was carried unanimously.

The resignation of past officers then took place, and the following were elected for the following year:—

Mr. Durham was unanimously re-elected President of the club; *Treasurer*, Mr. F. Colclough; *Captain*, Mr. E. Reid; *Vice-Captain*, Mr. J. B. Bettington; *Hon. Sec.* Mr. S. G. Layman. 2nd XI.—*Captain*, Mr. W. H. Jewell; *Vice-Captain* and *Hon. Sec.*, Mr. C. E. Carpmael. *Committee.*—Seniors, Mr. J. H. Busteed, Mr. G. Featherstone; 4th year's men, Mr. H. Webber, Mr. H. L. Wilks; 3rd year's men, Mr. E. J. Lang, Mr. H. Austen-Smith; 2nd year's men, Mr. J. H. Bettington, Mr. C. R. Lucas.

The meeting terminated with a vote of thanks to the President.

Mr. Colclough gains the bat for the best average, and Mr. Bettington the ball (given by A. E. Durham, Esq.).

FOOTBALL.

GUY'S *v.* LEWISHAM.

At Lee on Saturday, October 12, in bright weather, this match was played. Our opponents won the toss, and decided to play down the hill. From the outset, the fine combination of our right wing and centre kept the game well up to the Lewisham posts, the half-backs materially helping the forwards. Occasionally a rush of Lewisham forwards seemed likely to prove fatal, but they generally ended in a "behind." W. Poole had a great number of "corners" to kick, but all ended unsuccessfully. Near half-time, Fisher, from a good pass from behind, was enabled to put the ball through with a capital shot. On re-starting after the interval, the play was rather more exciting, and in the first quarter of an hour, one of the Lewisham forwards, having passed the back, shot; result, a great dispute as to whether the ball went through or not. The umpire said it did. Score, 1—1. For the remainder of the time, though the game was slightly in our favour, we failed to score. W. Fisher, H. Hewetson, and Bradley deserve special mention for their combination. The half-backs all played well. The prospects, when we can get the team together, are bright.

Guy's.—W. E. Sturges-Jones, goal; W. G. Mitchell, V. Pendred, backs; L. C. Burrell, W. H. Jewell, W. Poole, W. H. Steele, "C." (sub.), O. J. Bradley (capt.), H. Hewetson, W. Fisher.

GUY'S HOSPITAL *v.* R.I.E.C. COOPER'S HILL.

This match was played on the latter's ground at Egham, on October 12th, resulting in a win for the home team by one goal, three tries to nil. The visitors played feebly all round, whilst Cooper's Hill played a good combined game. Unfortunately for Guy's, no one could be found to go down and umpire, otherwise the result might have been different. The referee, also, was anything but partial, he being an "Old Collegian." The Guy's team was afterwards entertained at dinner, and spent a very pleasant evening.

Cooper's Hill.—Back, H. Forteath; three-quarters, Todd, Sconce, Boyle; halves, Sutherland, Lambert; forwards, Thorp, Cristie, McDonald, Latham, Willmott, Wright, Humphreys, O'Hara, Berkeley.

Guy's.—Back, Cresswell; three-quarters, Ensor, Biggs, Bettington; halves, H. Cooper, L. E. James; forwards, A. Allport, N. Instone, W. Rogers, H. Wilks, G. Pantin, S, Layman, T. Birdwood, F. Birdwood, H. Graham

GUY'S *v.* CATERHAM.

The Hospital Team on Saturday, October 19th, met this new Surrey club. Caterham won the toss, and elected to play with a strong wind and sun behind them. Bradley started the ball at 3.15, and, notwithstanding sun and wind, our forwards, by fine combination, repeatedly passed the opposing half-backs, in fact the ball had once been put through, but a prior call of "hands" had been given by the umpire. The game, on account of the wind and the good play of their forwards, however, ruled for the most part in our lands, and more than once Webber had to use his hands, which he did most adroitly. Shortly before half-time, Bradley obtained an easy shot, and scored the first goal for us, amid the cheers of one spectator. A heavy shower in the interval made the ball very slippery and the ground like ice, two facts which greatly injured the remainder of the game. The wind having fallen a good deal, the ball was restarted in blinding rain, and it was soon apparent that the "heavy going" was telling on our forward combination. A. H. Joyce, the centre, a very stiff man, put in two very smart shots, both of which told with disastrous effect. When the ball was started again by Bradley, with eight minutes more to play, our chances of avoiding defeat seemed small. Breaking away from a sharp tussle before our goal, Bradley made a fine run, and passed to Fisher who shot, the game thus resulting in a draw, 2—2. For us, Fisher, Frith and Hewetson are worthy of honourable mention. R. S. Ibbs, at back, and A. H. Joyce, were the pick of their men.

Guy's.—H. Webber, goal; W. Frith, E. H. Cartwright, backs; L. C. Burrell, W. Poole, V. Pendred, half-backs; C. Kirkby, R. Mumford (left), O. J. Bradley (centre, capt.), W. Fisher, H. Hewetson (right), forwards. Umpire—F. Hazell.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

ACETONE IN DIABETIC URINE.

The following is given as a reliable test for this substance. It consists of a solution of fuchsin, one part in 2,000, into which a current of sulphurous acid gas is passed. The liquid is rapidly decolorised, and assumes a clear yellow tint, which is permanent and unaffected by an excess of acid. A few drops added to a liquid containing acetone produce a deep violet coloration. It will detect one part of acetone in 1,000; and by this means it has been shown that acetone is constantly present in the urine in the great majority of cases of diabetes at all times, and not only during the comatose condition. Acetone is not normally present in the urine but occurs when the temperature remains persistently above 104°. Perchloride of iron, which is generally used, is not a test for acetone, but for diacetic acid—an unstable compound which readily splits up into acetone, alcohol, and carbonic acid.

Marriages.

MORRISON—TITTERTON.—On the 17th Sept., at the Central Hall, Great Charles Street, Birmingham, by John Morrison, LL.B., brother of the bridegroom, James Thomas Jackman Morrison, M.A., B.C. Cantab., F.R.C.S. Eng., of Birmingham, to Edith Mary, eldest daughter of the late John Ward Titterton, of the Manor, Shifnal, Salop, and niece of Sir Charles B. H. Soame, Bart.

MAYLARD—REDDIE.—On October 2nd, at Glasgow, Alfred Ernest Maylard, to Jane, eldest daughter of Charles Reddie, and granddaughter of Sir George Burns, Bart., Wemyss Bay, N.B.

PERKS—TREGASKIS.—On October 15th, at Cardiff, Robert Hanwell Perks, M.D., F.R.C.S., Medical Superintendent of the Adelaide Hospital, Adelaide, South Australia, eldest son of the late Henry Perks, Esq., of Monkton Coombe, Somerset, to Frances Mary, eldest daughter of the late Henry Tregaskis, of Cardiff.

Advertisements.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

TO LET, Furnished, on reasonable terms, 1 large front sitting and 1 or 2 bed-rooms, with every convenience, all on first floor. Good outlook, quiet neighbourhood. No children, no other lodgers. Very suitable for fellow students. First-class reference from last gentleman—left through qualification. Two minutes from North Dulwich Station, direct to London Bridge.—Apply, 6, Commerce Place, High Street, Dulwich, S.E.

WANTED.—A Guy's man to act as Junior House-Surgeon in London. No pay first six months, but after that £50 per annum. Comfortable quarters, with board.—Apply, Mr. Wells, Medical Office.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Subscribers who wish to have their GAZETTES *for 1888 bound in one volume, should leave the numbers, with the Index published on January 19th, with the Librarian without delay. The cost of binding in the Hospital colours is one shilling and sixpence.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

NOVEMBER 9, 1889.

A CASE OF PURPURA HÆMORRHAGICA.

By kind permission of Dr. Goodhart I am enabled to publish the notes on this case, which occurred under his care.

Martha H., æt. 28, an anæmic-looking girl, was admitted into Mary Ward on August 5th.

Personal history —Has lived in London since 21; is a housemaid, has good food; work very hard. Catamenia usually regular; at present 5 weeks since last period. She was healthy up to 19, when she had rheumatic fever; the attack lasted 4 months; since then has suffered from palpitation on exertion. Six months ago she had a second attack. She is subject to fainting fits, headache, and dyspepsia.

Present illness.—For about 3 weeks she has had irregular pains in her left side. On the day of admission she woke at 2 a.m. feeling pain in chest and great dyspnœa. She perspired considerably. In the morning she was seen by a doctor, who advised removal to Guy's; she was admitted in the evening.

Condition on admission.—On the arms and trunk are several small purpuric spots. On the legs and knees several brownish maculæ, numerous purple petechiæ also present. Herpes round the mouth. Tongue moist and coated. Gums bleeding, but not swollen. No increased liver or spleen dulness.

Circulatory.—Pulse 120, regular, compressible. No enlargement of heart. Soft systolic bruit in pulmonary area, fading as traced towards apex. Temperature 101·2.

Respiratory.—Respiration 24. No cough. Physical signs good, except a few fine râles over left apex behind.

Urine.—No blood.

Treatment.—Ferri carb. sacch. ʒ ss. t. d. s. Pil. nuc. vom. cum ferro t. d. s.

Progress of the Case:—

August 7th. Temperature 100·8. Patient feeling better. Herpes labialis present.

8th. ℞ Sodii salicyl gr. xx. Sodii bicarb. gr. xx. Sp. amm. arom. ♏ xx. Aq. carui. ad ʒ j. 4 tis horis.

11th. Patient feeling better. Temperature 99·6. Herpes clearing up. No development of physical signs. Bruit unchanged.

12th. P. pil. bis. die. Omit. mist. of 8th.

13th. Petechial eruption on legs has cleared up, leaving the brownish maculæ.

14th. Ferri carb. sacc. ʒ j. t. d. s. To get up.

17th. Patient feeling very weak in the legs to-day; a purple petechial eruption has again appeared on them. To stay in bed.

20th. Patient not so well. Sick. Her gums are bleeding freely. Harsh inspiratory murmur at left apex.

℞ Liq. arsenicalis ♏ iii. Aq. m. pip. ʒ j. t. d. s. Mouth to be washed out with Hazeline every two hours.

21st. Patient still very ill; bleeding freely from gums and vomiting blood.

℞ Tr.: Hamamelidis ♏ xx. Liq. arsen. ♏ iii. Aq. m. pip. ʒ j. t. d. s. Garg. pot. chlor. Hazeline as mouth-wash every half-hour.

22nd. Still bleeding from gums and vomiting.

23rd. Patient weaker to-day; lying on her back. Vomited blood in the night. Pulse 80, regular, soft. Pupils dilated. Yesterday a

purple spot, about the size of half-a-crown, appeared on her left forearm. She has a headache.

℞ Ext. guaranæ liq. ʒ ss. Aq. ʒ ss. Statim.

℞ Tr. Ferri. perchlor. ♏ xx. Glycerini ʒ ss. Aq. ʒ j. quartis horis.

24th. Patient better. Less hæmorrhage from gums. Headache still bad. She complains of "a mist before her eyes." Left disc swollen, reddish-grey, ill-defined. Right disc similar. No hæmorrhages. No blood in urine.

26th. Patient much better. Hæmorrhage slight. Headache continues.

℞ Urethane gr. xx. Enema saponis.

27th. Patient improving. Yesterday, on examining the eyes, Dr. Goodhart saw two large hæmorrhages at the edge of the retina running into left disc. The lower fan-shaped, with the point on the disc, the upper more quadrilateral, half on and half off the disc.

28th. Patient still improving. Bleeding less from gums. Hæmorrhage in left retina unchanged.

℞ Alum gr. xx. Resorcin gr. x. Tr. Myrrh ♏ x. Glycerini ʒ j. Aq. ad ʒ j. for mouth-wash.

℞ Pil. plumbi. cum opio. gr. v. t. d. s. Milk, eggs, beef-tea, and fresh lemons.

29th. Bleeding from gums worse. The retinal hæmorrhage in left eye has changed, a fresh one having appeared on the right of the disc.

A small diffuse hæmorrhage on right side of right disc.

31st. Bleeding from gums less. The retinal hæmorrhages seem more diffuse. Blood examined to-day. The red corpuscles look healthy, but some are "dumb-bell" shaped, some appear crenated, 52 discs to the "square."

Sept. 1st. Ext. ergotæ liq. ♏ xv. Syr. aurant ʒj. Aq. ʒ ss. 4tis horis. Hazeline as mouth wash o. h.

2nd. Bleeding profuse from gums. "Spots" before left eye. A fresh purple spot on back of right hand.

Ext. ergot. liq. ♏ xl. Syr. aurant ʒj. aq. ad. ʒss. 4tis horis.

3rd. P. better. No fresh spots, but a small patch of subconjunctival hæmorrhage at inner angle of right eye.

4th. Slight bleeding from gums. Slight hæmatemesis. Some faintness on moving. Temp. 98. ℞ peptonised milk.

6th. P. going on well No bleeding from gums.

9th. P. felt faint this morning. No more maculæ.

10th. In the right eye there are two hæmorrhages, an irregular one below the disc, and a triangular one above it. In the left eye the hæmorrhages are so diffuse that little of the disc can be seen.

℞ Pulv. ferri carb. sacc. gr. v. t d. s.

14th. Gums bleeding a little. Omit pulv. ferri. P. mist. 4tis horis.

16th. Gums ceasing to bleed.

17th. Both retinæ improved. Disc can be seen on left side surrounded by a fringe of hæmorrhages. Right retina about the same.

19th. Tr. bryoniæ ♏ v. Ext. erg. liq. ʒss. Syr. aurant ʒj. Aq. ʒj. 4tis horis.

20th. Profuse bleeding from gums.

21st. Bleeding from nose as well as gums. Fresh petechiæ on left shoulder.

23rd. Free bleeding from nose and gums. No uterine hæmorrhage.

25th. To-day hæmorrhage started from the uterus. Inj. ergotin hyp. gr. ij. was given in the right arm. A large subcutaneous hæmorrhage was caused by the puncture.

29th. No more hæmorrhage from uterus. A large sub-conjunctival hæmorrhage has appeared at outer angle of right eye.

Oct. 3rd. P. had a fainting fit again. Pulse feeble, 110. Temp. rose to 103·8 last night. A little hæmorrhage from bowel.

Oct. 4th. Pulse weak, 120. P. not nearly so well in herself, but little bleeding from gums. Temp. 101.

℞ Tr. opii. ♏ vij. Ac gallic ♏ x. Aq. Chlorof ʒj. Brandy ʒij. Quinin Sulph. gr. v. 6 tis horis.

Oct. 5. P. still not well. Pulse 125; temp. 99·6.

6th. Temp. 100. Patient rather better. P. 120 Tongue dry and brownish.

7th. P. much worse this morning. She lies in a collapsed condition on her back, with half-closed eyes. Temp. 101·2; P. 138. Not much bleeding.

℞ meat juice ʒv. bis die. Warburg's tincture ʒiij. 6 tis horis.

8th. Patient in the same condition, worse if anything. P. 150, very weak. Lips dry and brown. Face very pale. No unconsciousness.

9th. Patient in the same state. Pulse 145. Blood oozing from left nostril. Dr. Goodhart saw patient and ordered Tr. digitalis ♏ x. Tr. opii. ♏ v. Aq. ad. ʒj in food 4tis horis.

10th. Patient gradually getting worse; face pale, of peculiar waxy appearance; several brownish maculæ on cheeks.

12th. P. remained in the same state all yesterday. When seen at 10.30 a.m. this morning she was much worse. Pulse 150, very bad. Respiration noisy. Given ozonic ether ♏ xxx. Aq. ad. ʒj. Statim. Died quietly at 11 o'clock.

Abstract of Autopsy.

Peritoneum.—Numerous ecchymoses.

Œsophagus.—Few petechiæ in mucous membrane.

Lungs.—Some broncho-pneumonic patches. Coagula in small pulmonary vessels.

Pericardium.—Petechiæ all over. Fat very yellow on surface of heart. Fatty degeneration of musc. papillares.

Dura Mater.—General petechial condition of whole of inner surface.

Brain.—Generally pale. Numerous petechiæ over cerebellum. Three yellow stains of hæmatoidin-pigment occupying surface of left occipital, left temporo-sphenoidal and right orbital lobes. On section, a hæmorrhage, the size of a hazel-nut, into anterior part of lenticular nucleus; the internal capsule has escaped. Staining of hæmatoidin all around it.

Liver.—Pale.

Stomach.—Petechiæ all over, except pyloric end.

Intestine.——Some petechiæ and hæmatoidin stains.

Kidneys—Left.—Rather large and anæmic; some petechiæ in pelvis.

Right.—Displaced into pelvis, resting on right sacro-iliac synchondrosis. It receives three arteries from abd. aorta, and gives two veins, one into vena-cava and one into right common iliac. Pelvis and ureter anterior. Kidney constricted longitudinally by tension on the vessels.

Retinæ—Left.—Old hæmorrhage, ¼ inch wide round disc. Some smaller scattered petecæhi.

Right.—Hæmorrhage round lower part of disc, ¼ inch wide.

Ovaries.—Extensive hæmorrhage into both.

Uterus.—Very small. A few small petechiæ.

Blood.—Cultivations were made by Dr. Washbourn on agar-agar, but no growth resulted.

H. W. W.

SOME MODERN TENDENCIES IN MEDICAL EDUCATION.

By Dr. A. G. Barrs.

(Concluded.)

In pathology, too, there has been evinced the same tendency to over-elaboration, it may be to over-teaching; but since with us the study of disease is more our immediate occupation than the study of health, however necessary the latter may be to the due understanding of the former, such over-elaboration or over-teaching may be the more easily excused, if not justified, than in the case of physiology. But here again it becomes a question as before of determining what is essential and should be taught to students, and what is, however important and interesting for its own sake it may be, not essential; for it is quite clear that much in modern pathology bears only indirectly upon the diagnosis, prognosis, and treatment of disease.

At once I would say that all that is properly spoken of as morbid anatomy, the naked-eye anatomy of disease, whether it be in the *post-mortem* room or the museum,

should be constantly taught and demonstrated at every and any opportunity. It is almost superfluous for me to say to Guy's men that I cannot perceive the possibility of teaching medicine apart from morbid anatomy. With histology and bacteriology I am of opinion that some discretion is required. The conclusions of both ought always to be stated when they naturally arise in the considerations of morbid anatomy; their methods and facts, I am inclined to think, are not in their entirety by any means essential to a good medical education. Until the rise of bacteriology to some extent eclipsed pathological histology, there was, in what I may be allowed to call over-scientific circles in medicine, a tendency to refuse to see anything, as it were, except through the microscope; the most obvious or patent naked-eye observation, or observation of any unaided sense could not avail you if not confirmed by microscopic examination. This feeling is not entirely dead, and I am acquainted with more than one surgeon of large experience and very high repute who has, during his later years, most industriously doubted his own ability to recognise cancer of the breast and other common things without the aid of a microscope. It seems to be forgotten by some that the microscope no more makes pathology than the clinical thermometer makes clinical medicine. It is only a point in a very long line, marking the natural history and structure of disease. Taking, for example. the histology of tumours, it is obvious that, compared with the history of their origin, manner of growth, and termination, it can convey no information whatever which will guide you in the treatment and prognosis of any given case.

Dr. Wilks has said that no one looking at a mass of liver would know that one of the products of its activity is the biliary fluid, and I would say, in the same sense it is true, that no one looking at a cancer could say that its striking function is to kill the patient in whose body it grows. Mr. Hutchinson, speaking on cancer as a local disease and the importance of its more detailed clinical study, at the Glasgow Pathological and Clinical Society in 1886 (*Glasgow Medical Journal*, vol. 25, 1886, p. 329), said: "The whole subject of new growths has been for some time past almost exclusively in the hands of those who use the microscope. They have re-classified tumours for us, and have indeed, in some instances, almost written out their life histories in the laboratory. It seems just possible that the turn of the clinicists is again coming round. I should be sorry to suggest that the two sets of workers are in any sort of antagonism, and yet it does seem somehow as if, like the two sides in a game of cricket, they could not both be in at the same time. You will remember, that whether in or out, it is necessary to a good game that both play well. The team, so brilliantly led by Paget, gave up their bats twenty years ago to that of which Virchow is the captain. The latter has had a splendid innings and made a long score, but there are indications, I think, that it will shortly give another turn to its competitor, and not, perhaps, without some advantage to surgical science." Referring to his later remarks, Mr. Hutchinson goes on to say, "I shall do my best to show that there is scope for much *more minute clinical observation, for case collecting, case comparison*, and *case grouping*, than has yet been attempted. I may even be bold enough to hint that the clinical investigator may in some matters be able to go farther than the histologist is as yet competent to follow him." It is quite clear from this that Mr. Hutchinson hopes more from careful clinical observation than he does from repeated microscopic examination.

In bacteriology, too, and I have no intention, far from it, to be-little the importance of this branch of pathology, the same tendency to over-estimate the effects of its discoveries upon medicine, is in some quarters to be observed. To take one example only—the discovery of the tubercle bacillus.

It is now nearly eight years since Koch's paper on the etiology of tuberculosis was read before the Physiological Society of Berlin, and the bacillus of tubercle almost at once admitted into the list of pathogenic organisms. Since then, nothing, so far as I am aware, has in the least shaken the position of the bacillus as an always present factor in all processes of a recognised tuberculous nature. There can be little doubt that the discovery of the bacillus has done much to enlighten our notions of such processes, and to make our views and methods of expressing them more exact and scientific, but it has not, as some seemed inclined to think it had, made it necessary to re-write the natural history and anatomy of, for instance, pulmonary consumption; it has not, as of course it could not, alter the known clinical and anatomical facts, so long as they were facts, of that disease.

The natural history of phthisis and all tuberculous processes remains the same to-day as it ever was. The discovery of the tubercle bacillus may have helped us to explain some of their striking features, but, in spite of the discovery, the internal tuberculous lesions are to us pretty much what they always were, frequently incurable, and responsible for perhaps the largest share of our mortality. In saying this I have clearly said that the discovery of Koch has not at present done anything, or at most more than a very little, for the practical treatment of tuberculous disease. I, personally, am distinctly of this opinion; perhaps it is in the nature of things that it should be so, but such is the case. On the other hand, the demonstration that the proximate, if not the ultimate, cause of tuberculosis is a particular and tangible thing, and not a "humour," or "vapour," or a "diathetic state," cannot but have a beneficial effect in encouraging us all to more strenuous efforts towards the prevention of this as well as of other infectious diseases.

It is scarcely necessary for me to point out the magnificent successes of modern surgery in this direction, which, perhaps, would not have been possible had not bacteriology made it clear that all the complications of wounds, and wound diseases are, in so far as they depend upon the introduction of organisms from without, largely preventable.

In regard to the methods in vogue of teaching pathology, I have little to add, in principle at all events, to what I have said regarding physiology. I should, however, like to be permitted to refer to a little matter of history which all, except myself, have long ago forgotten. In the GUY'S HOSPITAL GAZETTE for September, 1878, there appeared an article on the teaching of pathology at Guy's, in which the following passage occurs:—"We believe that all authorities will agree with us in saying that the teaching of pathology ought to be placed upon the same level of importance as that of systematic medicine or surgery. As in anatomy, physiology, medicine and surgery, pathology is best to be taught, first, by systematic lectures, and secondly, by demonstrations on the dead body. The first, that is the systematic lectures, we may be allowed to say, we have only in name. Eight (I think it should have been ten or twelve) lectures, we believe, are given, at nine o'clock, on eight Saturday mornings during the summer session." This needs no comment. It is obvious to everyone that it is simply a *pro forma* treatment of the subject to satisfy certain

examining bodies. Some hold, we know, (the article continues) that this deficiency can be made up by attendance in the *post-mortem* room. With this we cannot agree. First, the attendance in the *post-mortem* room is not nearly what it ought to be, and secondly, we think it is impossible to give, in the short time that can be allotted to each case, a concise description of the changes found. Accordingly, we suggest that a course of lectures on general pathology should be given by one of our very able pathologists during the winter session, of not less than *sixty* in number, attendance upon which should be as compulsory as upon any other course of lectures.

Perhaps I shall not need to go in any fear for my body or my reputation if, at this distance of time, I own the authorship of that article, and stand self-accused of having suggested to the school authorities that a course of not less than sixty lectures should be added to your curriculum. Truly, you may now say, as it has been written, "Consistency is a vice which degrades human nature and levels man with the brutes."

Other matters were touched upon in this remarkable article, amongst them the need for a new *post-mortem* room, and when in a year or two later the present *post-mortem* theatre was built, the Editors of the GAZETTE (Dr. Clifford Beale and myself), with that overweening modesty which characterises the editorial bosom, were inclined to conclude that at last they had brought the authorities to their senses. But, gentlemen, if you will turn to the "Green Book" you will see, if you do not already know, that even the pleadings of that powerful but, in this instance, sadly misguided organ fell, I am now glad to say, upon deaf ears, for Dr. Goodhart still gives only twelve lectures at the most; and, as the prospectus states, "in this way an opportunity is allowed for a more comprehensive survey of general pathological processes than can be given in the systematic lectures on medicine and surgery." Contrast this, again, with the courses of 100, 60, and 40 lectures given in some schools where several lectures, and I am drawing no fancy picture, are devoted to the considerations of monstrosities and malformations, for instance, where such things as "thorocophagus parasiticus," "epignathus," "teratoma glandulæ pinealis," are talked about, and where, for ought we know, the student will be asked, with Dr. Clifford Allbutt, to distinguish in the case of a microcephalic child, between "pithicoid atavism" and "pathological pithikismus," a distinction which, it is gratifying to know from Dr. Clifford Allbutt himself, it is not always easy to make.

Gentlemen, the burden of my remarks has been, as I hope you will have gathered ere this, that more time should be given to practical work, time which in the limited curriculum can only be gained by restricting within more reasonable lines, the time given to systematic lectures and other of the less effectual methods of instruction. If, as I said in the beginning, our profession, the practice of medicine, is an art, how all-important it must be that we begin to acquire the experience, on which alone our practice of it can be based, at the earliest possible moment, and while we are still under the guidance of our responsible teachers. If this be so, how completely our school of Guy's satisfies our requirements, for her very reasonable demands, both of studeuts and teachers, in the way of systematic lectures, her very generous provision for practical work in all departments of study, and far above all else her unique system of clinical appointments for students make her a model which other schools may do well to follow.

Gentlemen, as an exact reproduction of an old master is better than an original mediocrity, better still than an original failure, I may be forgiven if I reproduce, in conclusion, a few words spoken by one whom I have ventured to quote more than once in the course of these remarks. Speaking in this theatre, on this day twenty years ago, Dr. Moxon, whose name will never be forgotten by us, and whose untimely death all in any way connected with Guy's will ever deplore, said: "You must not study disease as a science is studied; you cannot get the knowledge of disease as you get the knowledge of sciences—in the study — as you get your mathematics, and chemistry, and zoology. You must know diseases, not as the zoologist knows his species and his genera, and his orders, by descriptions of comparative character, but as the hunter knows his tigers, and panthers, and wild boars. You must know as he knows—by seeing them and facing them in their natural states and places. Study individual cases in the wards. The use of individual cases in the study of medicine and surgery is like the reading of biographies in the study of history. You cannot know history except by biography; your schoolboy smattering then becomes familiarity. No other person can give you this familiarity with diseases—familiarity is the word, not mere knowledge. They cannot give it you either by book or speech. You must see for yourselves, and see assiduously and well. How then, you ask, are we to be, in the vulgar sense of the term, 'practical men,' and discard science? Gentlemen, all I have said demands imperatively the very reverse. For, see, if there is no science for the practice of medicine, so much the more must we bring the science in our minds, that the order within may overcome the disorder without." In these words spoke one of the wisest physicians this great school has ever known, and are they not as true to-day as they were twenty years ago?

Gentlemen, I have done. Speaking as a student, as by the nature of my circumstance I am inclined to, rather than as a teacher, I have ventured upon, it may be delicate, if not dangerous ground. What I have said, I have said, I hope, without prejudice, I am sure without malice.

SOME SUNDAY STROLLS.

The summer is ended, boating and tennis are over, and we are left in need of means of exercise for the winter. Some can play football once or twice a week, a few indulge in golf or lacrosse, and there is always the hope of a frosty season with its invigorating effects and pleasant skating. At the thought of this the huntsmen growl, and the homeless pine; but life is many-sided, and so the world wags on. There are many, however, who do not realise the healthful exercise that may be obtained by walking. Cycling is excellent, but less companionable, and not always available, especially at this season. Shanks' pony heeds less the weather than the iron horse.

It is our intention, then, to recommend walking as the very best means of taking rest on Sunday. Rest is a paradox. There is no rest while the left ventricle contracts: rest means "change." Ours is a sedentary occupation; we feel the change from school or college with their abundant opportunities of exercise, and often show it in various minor ailments. To walk is to rest from sitting; and to enjoy a pleasant conversation with a friend, to renew the *residual* air in the lungs, to get a glimpse of nature in her faded tints and sombre garb—this is to rest from labour in its best sense. Happily we are well provided in London with means of getting into the country, and there are very few parts of the country round London which do not repay a visit. Moreover it is not an expensive amusement; 1/- or 1/6 will cover a return ticket to a station from which a start may be made, and sixpence or a shilling will provide all the refreshment that is necessary while on the track. Few florins are better spent.

What will the traveller require? An agreeable companion, a comfortable pair of boots, a good map (Ordnance Survey, price about 3/-), a pipe and the needful, and a trusty staff. With regard to the map, one including a radius of 12 or 15 miles, scale one inch to the mile, will answer very well; but larger copies, cut up into sections and mounted on linen, are perhaps more convenient. The programme will be:—rise in good time (for daylight is precious), make a hearty breakfast, arrive at the starting post as soon after ten o'clock as possible, follow the track which has been previously marked out on the map, take a light lunch of dry biscuits and a glass of ale or cold Scotch at a wayside inn, and complete the remainder of the circuit. We shall reach home about 5 or 6 p.m., having "put in" 15 or 20 miles, with the maximum of good to ourselves and the minimum of fatigue to our muscles, and there will be the whole evening for reading, music, or other pursuits. Norwood Junction is a good centre on the L. B. & S. C. From it the Shirley Hills are easily reached, and there is a pretty road through Addington, Chelsham, and Westerham to Sevenoaks; or the route may be much shortened through Hayes to Bromley. It need hardly be added that to keep the railway fares at a low figure, it is necessary to work on circumferential rather than radiating lines; hence it is better in some districts to return by another railway. From Surbiton or Wimbledon we throw off for Mid-Surrey, or the south bank of the river, and Harrow serves for a very wide area in the north-west. Indeed the routes may be so varied as to suit the tastes of the most fastidious.

Some tourists prefer to plan out their journeys very accurately before starting, but this is by no means necessary if one has a good map, and, after all, the object of the trip is less that of sight-seeing in the usual acceptation of the term, than of obtaining exercise and a wholesome change. There are many excellent guide books describing all the important places round London for those who want to know something about them, such as Thorne's "Environs of London"; let those who want them buy them. Finally (as the preacher says when the congregation are getting restless), the inveterate pedestrian is an enthusiast and a fanatic, and is generally voted a bore; therefore keep as a secret the number of miles you did yesterday—it is not good labour lost.

Sam Jones on the Faith Cure.—In a recent sermon Sam Jones delivered himself as follows concerning the faith-cure brethren:—"I'll tell you where this faith-cure comes in. There's an old brother and sister who have been taking all the nasty quack patent medicine on the market for the last ten years. Somebody comes along and prays over 'em, and they quit using the patent medicines, and they are well again. They say it was faith that cured. It was faith. It was the faith which caused them to quit taking old patent nostrums which cured them.—*New York Medical Record.*

Passim.

In this era of strikes, it is refreshing to observe that one class of worker, and that a class which has no hope of an immediate advent of a "tanner-day" or its equivalent, is buckling to with quite unaccustomed vigour. We allude to the gentlemen who are studying medicine at Guy's Hospital. Seriously, the amount of work that is going on this season is really marvellous. In the wards this is, of course, the rule and not the exception; but the energy is nowadays to be found everywhere. Nor is the vigour confined to the new brooms; some well-matured besoms who have not gladdened the dissecting room or decorated the anatomy theatre for years are now to be found daily in both.

But if we are out of the fashion in strikes, we are quite up to date in other particulars. We have our battles of the giants, of Samsons, and our Sandows. No one who rejoices in the strength of a man, and who saw the ten rounds between Allport and Instone the other day in the gymnasium room, will waste time in going up to Westminster.

By the way it should be generally known that the gymnasium classes are now in full swing on Mondays, Wednesdays, and Fridays, at 4 p.m. They are under the able guidance of Messrs. Nisbett and Bligh.

We trust that the owl which has taken up its quarters in the trees over Clinical is a bird of good omen. Flitting about in the moonlight the other night it might have been taken for some restless ghost, troubled at the recent interference with the old wards. Knowing that anecdotes of animal intelligence are so much at a premium in these days, we have been hoping that the owl would make copy for us by applying for aid at the surgery, or something of that sort, like a certain dog we used to read about. But this is a common ordinary owl we believe, come for sparrows or whatever he can pick up.

There is no doubt about the College now. It is an accomplished fact, and a very pleasant one. Still, any such change as it involves is accompanied by certain unavoidable regrets. The forthcoming appointments will possibly be the last that are made under existing conditions, and the old rooms will no longer echo to the voices of our Residents. Not until he has been in the rooms does the Guy's man understand how great are his privileges, and there are a good many men in the world who will feel sad to think they cannot revisit them under old conditions. Still, in the College a large number will have advantages which have hitherto been only for the few. During the next month or two a great number of old Guyites will be in town, and we advise them to take the opportunity of visiting both the old rooms and the new college; they will be convinced that there is a good time coming for their old School.

We are glad to note that the Local Government Board have appointed Mr. E. Climson Greenwood, M.R.C.S., L.R.C.P., to the office of Public Vaccinator at the undermentioned stations:—

77, Welbeck Street, Cavendish Square, and Omega Hall, Omega Place, St. John's Wood. At the former Mr. Greenwood is to be found on Tuesdays, at 2 o'clock, and at the latter on Wednesdays, at 10 a.m.

The list of applications for the December Appointments will close on Monday next, at 1 o'clock sharp.

Mr. Bryant has been appointed Bradshawe Lecturer at the College of Surgeons. Mr. George Turner has been elected Examiner in Sanitary Science at Cambridge. Drs. E. Goodall and E. C. Perry have been admitted Members of the College of Physicians.

From the Annual Report of the Conjoint Board it appears that 71 per cent. passed in Medicine, 67 per cent. in Midwifery, and 57 per cent. in Surgery. In the Final F.R.C.S., 58 per cent. passed. With regard to the Fellowship, it should be borne in mind that almost all the difficulties surround the first examination. Moral :—Work your hardest for the first examination, the second will follow as a matter of course.

NOTICES.

GUY'S HOSPITAL.

Open Scholarships in Arts and Science.

Four Open Scholarships, two in Arts and two in Science, will be offered for competition in September, 1890.

Entrance Scholarships in Arts.

1. A Scholarship of 100 guineas, open to Candidates under 20 years of age.

2. A Scholarship of 50 guineas, open to Candidates under 25 years of age.

Subjects:

Latin.—*Cicero*, De Amicitia ; Pro Balbo.

Greek.—*Xenophon*, Hellenics, Book II.

The principal passages for translation into English will be selected from the above works. Short passages will be given from other works. Questions on Grammar and short passages in English for translation into Latin and Greek respectively will also be set.

French.—

German.—

Passages in the above languages will be set for translation into English ; also passages in English for translation into French and German respectively ; and questions in Grammar and Literature.

Arithmetic.—

Euclid.—Books I., II., III., IV., VI.

Candidates may choose between Greek and German, but will not be allowed marks in more than one of these subjects.

Entrance Scholarships in Science.

1. A Scholarship of 125 guineas, open to Candidates under 25 years of age.

2, A Scholarship of 50 guineas, open to Candidates under 25 years of age.

Subjects:

Inorganic Chemistry, General [Biology Zoology, Botany], Experimental Physics, including General Properties of Solid, Liquid, and Gaseous Bodies, Acoustics, Heat, Magnetism, Electricity, and Optics.

There will be a practical examination in Chemistry in addition to the Paper. Specimens will be given with the Papers in Botany and Zoology.

The Examinations will be conducted as follows :—

		Arts.	Science.
Thurs.,	Sept. 25—Morning, 10–1	French	Chemistry.
Fri.,	Sept. 26—Morning, 10–1	Euclid	Physics.
	Afternoon, 2–5	Greek and German	Zoology.
Sat.,	Sept. 27—Morning, 10–1	Arithmetic and Algebra.	Practical Chemistry.

The successful Candidate will be required to enter at the Hospital, as a Perpetual Pupil, in the October immediately succeeding the examination.

Names of intending Candidates should be forwarded on or before Monday, September 22nd, to

THE DEAN,
Guy's Hospital,
London, S.E.

Physical Society.

On Saturday, the 26th ult., there was a good attendance to hear Mr. Hopkins' paper on Physiological Pigments.

As was announced at the previous meeting, punctuality is to be the key-note of the proceedings this Session, and consequently at 7.30 sharp the Secretary read the minutes of the previous meeting, and the chairman, Mr. Ellis Durham, immediately called upon Mr. Hopkins to read his paper.

This dealt with recent work on hæmoglobin and derived pigments, and advanced an original theory suggesting that the coloured constituent of hæmoglobin is a complex derivative of uric acid.

The paper was too special in its nature to admit of much criticism except from those who had done recent reading on the same lines, but it nevertheless provoked considerable discussion.

Amongst those who spoke were Messrs. Wohlmann, F. H. Brown, A. Ellis Durham, H. E. Durham, Colclough, Vicars, Webber and Carpmael.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

THE BIOLOGICAL DEPARTMENT AT THE HOSPITAL.

The teaching of biology forms now so important a part in the training of students desiring a University degree that it has been thought advisable to increase the facilities for the study of this science. Hitherto, Mr. Beddard has superintended the practical work without any assistance, but at the commencement of the present session Mr. Campbell was appointed to take a share of this work. The fact that the class is larger this October than it has been for the past three years shows that this appointment has not been made too soon. In the practical class the student dissects or examines the vegetable and animal types required by the University of London (and other Universities), and is encouraged to make drawings and diagrams of what he has seen. To render this more useful as an aid to the memory, a number of printed sheets of descriptions of the types have been prepared; these are cut up and gummed into the notebook under the drawings to which they refer. This plan is not a new one, it has already been found to answer in the biological laboratory at Oxford and elsewhere.

The "Inner Room" has been converted into a teaching museum for the use of the biological students. At present the collection is being formed, and is by no means complete. It is intended, ultimately, to make this collection as nearly as possible completely illustrative of the series of types required to be studied for the "Preliminary Scientific," and corresponding examinations at other Universities.

Perhaps the most important objects in the museum are a beautiful series of wax models by Ziegler, of Freiburg. These illustrate the development of the frog, the fowl, and amphioxus, and some of the early stages in the development of the skull. These matters have to be learnt by the student, but it is practically impossible in a class to study the objects themselves. Diagrams are clearly not so useful for illustrating solid objects as models, and, indeed, a beginner would find some difficulty in understanding the nature and formation of *e.g.* the "Gastrula" merely from lectures illustrated by wall diagrams; but it is hoped that now no difficulty will be experienced in mastering the fundamental facts of embryology. The remaining preparations are principally osteological, and we can fairly challenge any other museum to produce such beautifully prepared bones as those which are to be found in the "Inner Room." They have been macerated and set up by Mr. E. Ochenden, Mr. Beddard's assistant at the Zoological Gardens. Many of them have been coloured so as to bring home at once the facts that they are meant to teach. For instance, there is a dog's skull with the primitive skull painted blue; another skull with the different teeth indicated in various colours, &c, &c.

Finally, a series of elaborate drawings will be prepared and hung up on the walls so as to be available for constant reference. The four which have already been done testify to Mr. Toogood's artistic skill. This room and its preparations will be used by Mr. Campbell towards the end of the session for the purpose of giving a series of demonstrations.

Green Extracts.

KOCHER'S METHOD FOR SUBCORACOID DISLOCATIONS. In the *New York Medical Record* is an interesting article on this operation, which was first described in February, 1870. After dealing with the anatomy of dislocation of the shoulder, it describes in detail the separate stages of the operation, which it will be remembered are:— (1) Adduction of elbow; it should also be drawn downwards. (2) External rotation of elbow until the forearm points directly outwards. (3) Elbow carried across chest while its external rotation is maintained. (4) Complete internal rotation of elbow so that the hand falls on the sound shoulder. These movements are well illustrated by photographs, and the principle on which they are based is similar to that which obtains in the case of dislocation of the hip, viz., the relaxation of ligaments and the reduction of the head of the bone through the rent in the capsule by which it escaped. Leaving on one side the discussion of the exact mechanism of the method, the anatomy of which is not yet clearly stated, we would call attention to the results of this mode of treatment in 129 cases of recent subcoracoid dislocation. Of these Kocher's manipulation was successful in no less than 98 cases, or over 77 per cent. at the first attempt, and that without the aid of an anæsthetic. Of the remaining 31, fifteen were successful by a repetition of the attempt, and six were reduced by this method under ether. In conclusion the author considers the method preeminently safe, attended with very little pain to the patient, and suitable for every recent case of subcoracoid and subclavicular dislocation. In the subglenoid form it rarely succeeds and this may also be said of those cases, happily uncommon, in which the capsular ligament is severely torn. The chief causes of failure appear to be muscular rigidity, failure in adduction and complete external rotation of the elbow, adhesions forming after dislocation of long standing, and fracture complicating dislocation.

HYGIENE AND PUBLIC HEALTH, by Louis. C. Parkes. (H. K. Lewis). Dr. Parkes has compiled a very readable and useful manual of Sanitary Science, which will doubtless be welcomed by the intending candidate for D.P.H. examinations. His object has obviously been to extract from the long list of recommended books such essential portions as the student requires, and so to reduce the labours of the bewildered candidate. Readers of sanitary works will recognise the various authors whose thoughts (and illustrations) have been eagerly requisitioned, and though Dr. Parkes has often indicated in a footnote the larger works from which he has drawn we venture to think that a classified bibliography

would have been very useful. The arrangement of the book is somewhat haphazard, and the laboratory work scattered up and down its pages in somewhat irritating fashion. Dr. Parkes will, perhaps, pardon us if we venture to indicate a few points in which we think fuller details should have been supplied, or in which others may disagree with him. Among the omissions we notice no description of Shone's Pneumatic System (only named on p. 165), now in use in several towns with success; a very imperfect section on the relation of occupation to health, in which a classified table is a desideratum; no mention of the dangers and disadvantages of the pail system, and no account of the composition of sewage farm effluents. The questions relating to house construction are disposed of very briefly in comparison with other portions of the work, such an important item as spouting being left out. It would be tedious to attempt to point out in detail points wherein we differ from Dr. Parkes's views of water analysis or other laboratory work, but surely a few simple hints on the interpretation of analyses are wanting. The chapter on food is neither one thing nor another, except as regards the microscope hints which are excellent. To sum up, there is no doubt the book will prove useful to candidates, but let them be warned against supposing it will absolve them from reading some of the larger text books. It contains a good deal which they do not require, and it falls short even in subjects with which it deals of a sufficient fullness to enable a candidate to write *good* answers. It is a matter for regret that Dr. Parkes has not added a list of text books, and also of the Acts of Parliament, &c., dealing with sanitation. The illustrations are good, but what is the authority for cellulos*us*? surely cellulos*æ* (telæ understood!) and cacao, not cacoa!

H. M.

PHYSIOLOGY AT GUY'S.

In the annals of Physiology, the Medical School of Guy's has ever occupied a most honourable position, and it is our pride to boast of those who have left an ineffacable impress upon the progress of the science. The earliest pioneers of Physiology were Guy's men, and we have amongst us those whose names are associated with its greatest discoveries. This year we mourn the loss of one who had already won for his School increased lustre, and for himself widespread fame. His name was always spoken of with respect wherever Physiology was taught, and with reverence and the warmest feelings of friendship by those with whom he came into personal contact. In that great house of Continental Physiology, Professor Ludwig's Laboratory at Leipzig, his name was endeared to all. During the earlier part of last year a pupil of his was endeavouring in a snow storm, and with a most imperfect knowledge of German, to find Professor Ludwig's Laboratory. On seeing some one sweeping away the snow from the front of an imposing building, the stranger enquired if that was the place he was seeking. The reply was characteristic. "Ah! you are an Englishman; you come from Dr. Wooldridge?" The speaker was one of the laboratory servants. That stranger received much kindness there for six months.

But while the Medical School of Guy's men point to so many names of those who made their mark in Physiology, it has yet one more subject of congratulation, and that is, the thoroughness of its Laboratory equipment and the ample opportunities which are afforded to its "alumni" of becoming theoretically and practically acquainted with all the details of the science. The scheme of teaching embraces a six month's course of Lectures by Mr. Golding Bird, special classes held twice a week for those proceeding to the First Fellowship of the Royal College of Surgeons, and the Intermediate M.B. of the London University.

In the former examination 12 classes are held in each Winter and Summer Session, and for the latter examination 12 classes are held in the Winter and 24 in the Summer Session. In each instance the classes last one hour or more, and are largely of an experimental nature, every effort being made to afford candidates a practical acquaintance with physiological apparatus and manipulations, chemical or instrumental.

The histological teaching too, embraces a course of 40 demonstrations, each of two hours, held in the first half of each winter session, and adapted not only for the second examination of the Conjoint Board, but as far as possible with the requirements of the higher examinations. In the second half of the Winter Session 16

demonstrations are given to students in their first year, so as to prepare them fully in the Elementary Histology for the First Conjoint Examination, three times a year; each set of classes consisting of 12, and being partially of an experimental nature. So that it will be readily seen that the medical school have provided not only every possible facility for candidates to meet the mere demands of examining boards, but also to ensure the subject being so taught that when the earliest examinations are passed, students will have no difficulty in appreciating the value of their Physiological training in the light of Surgery and Medicine.

In the next issue some remarks, more particularly dealing with the Practical Histology Classes will be made.

A STUDY.

[After the manner of Horace.]

Friends, there be some who never know
An hour or moment free from pain;
Their days seem naught but long-spun woe,
Their life a bane.

It little recks what heedful care,
What love is spilt, what gentleness
You use, the single fruit they bear
Is "cussedness."

These lightly pass their days in tears,
(Sweet heartwells when the sand is low);
Their only murmur to your fears:—
"I told you so!"

You speak to them with tenderness
Of tongue, of eye, of pulse, of hair;
They answer you in wantonness:—
"You do not care!"

If you condone with sympathy,
Or try to ease their fresh complaint,
They answer you with apathy
To vex a saint.

You soothe the aching head of pain,
Or calm the wildly bounding heart;
"You think," they grumble once again,
"I act my part."

They drive you nigh demoniac,
Each day some novel ill appears;
"You think me hypochondriac,
I know your sneers!"

Then they at other sources try,
They have a fit hysterical,
And laugh, and kick, and scratch, and cry
In bucketsful.

Thus do they pass in evil days
Of their own fashioning, their life;
I would that Nemesis would raise
Aloft her knife!

"FARRAGO."

Hospital News.

INTERESTING CASES.

Phillip	5	Enlarged Liver ? Cirrhosis.
	6	Swelling in right temporal region.
	14	Tubercular Laryngitis.
	15	Abdominal tumour ? Sarcoma.
	25	Spinal Pachymeningitis.
	29	Pleuritic effusion, albuminuria.
	31	Locomotor ataxy.
	33	Multiple Neuritis.
	36	Myelitis, descending sclerosis.
Stephen	1	Spastic paralysis of right leg.
	10	Aortic Aneurysm.
	12	Enlarged liver, ascites, morbus cordis.
	18	Dilated heart, paralysis of third nerve.
	25	Left hemiplegia, apex murmur.
	28	Hæmaturia ? cause.
	30	Optic neuritis, staggering gait, glycosuria
	33	Acute Myelitis.
	40	Morbus cordis, paresis of arms and legs.
Mary	8	Optic atrophy, tumor cerebri.
	12	Carcinoma ventriculi.
	15	? Friedreich's disease.
	21	Dilated heart, enlarged liver.
	25	Compression paraplegia.
	26	Ascites, hydrothorax, albuminuria.
	35	Icterus, distended gall-bladder.
	38, 40, 41, 48	Mitral Stenosis.
	44	Contractions after alcoholic neuritis.
Lazarus	16	Perforating ulcer.
	18	Rodent ulcer of orbit.
	22	Carcinoma of superior maxilla.
Lydia	17	Adenoma of cutaneous glands.
Martha	19	Phantom tumour.
Job	20	Retained testis.
Luke	2	Epiphysitis of tibia.
	15	Closure of jaws.
Charity	5	Multiple exostoses.
	22	Hysterical hip.
John	3	Ascites, Cardiac.
	16	Right hemiplegia.
	10	Thoracic Aneurysm and Embolism.
Miriam	20	Chronic Constipation.
	18	Hæmoptysis, Mitral Stenosis.
	22	? Hodgkin's disease.

BOOKS RECENTLY ADDED TO THE LIBRARY.

On the recommendation of the Committee:

M'Kendrick's Physiology, 2 vols., latest edition.
Foster's Physiology, Part II. do.
Green's Pathology do.
Parkes's Hygiene do.
Kirke's Physiology do.
Wilson's Hygiene do.
Klein's Histology do.
Tuke's Influence of Mind on Body do.
Ladd's Physiological Psychology.
Schultze's Displacements of the Uterus.
Collie on Fevers.
Bland Sutton on Ligaments,
Hutchinson's Archives of Surgery (quarterly).

PRESENTATIONS BY THE AUTHORS:

Jennings' Cancer and its Complications.
Hale White's Text Book of General Therapeutics.
Thorne Thorne's Progress of Preventive Medicine in the Victorian Era.
Silk's Nitrous Oxide Anæsthesia.
Piesse's Olfactics and the Physical Senses.

BY DR. WILKS:—

Wilks and Moxon's Pathological Anatomy, new edition.

BY DR. STEVENSON:—

The Analysis of Inorganic Bodies, by G. O. Rees, 1833.
Husband's Forensic Medicine, 1883.
Barff's Introduction to Scientific Chemistry.
Murrell's What to do in Cases of Poisoning.
Wanklyn's Water Analysis.
Corfield's Treatment and Utilization of Sewage.
Fresenius' Qualitative Analysis, 8th edition.
Fowne's Chemistry, 1887.
Journal of Public Health (monthly).

BY THE SECRETARY OF STATE FOR WAR:—

Report of the Army Medical Department, for 1887.

BY THE EDITORS OF GUY'S HOSPITAL REPORTS;—

Harvey's Circulation of the Blood (Willis translation revised by Dr. A. Bowie, 1889).

PAMPLETS RECEIVED;—

On Joint Scraping.
Memorandum on the Medical Charities of the Metropolis.
Reports of the Royal Commissioners on the Advancement of Higher Education in London.

Sport.

FOOTBALL.

GUY'S v. R. M. C. SANDHURST.

Our XI. left Waterloo by the 10.45 train on October 26th to play this annual fixture, and having been entertained at lunch by the Cadets, proceeded to the field of battle. Bradley started the ball at 3.30 with a strong wind blowing behind us. The first half produced no score, as although the game was for the most part around their goal posts, owing to the wind our shooting was very inaccurate. A miniature gale blowing in our faces when the game was re-started in the second half, the play became more even and exciting; Cartwright being to the fore, and the backs having a great deal of work to do. During the last 20 minutes, their forwards bestirred themselves, and with a combined rush put the ball through from a fine pass from the right wing. The game had not proceeded many minutes before Hazell had to stop a dangerous shot from the left, which he did well, but before he could get the ball away, the centre put it through. Their captain played best for them, while Frith, Bradley, and Poole worked steadily for us.

GUY'S.—F. Hazell (goal; W. S. Frith, V. Pendred (backs); L. C. Burrell, E. W. Cartwright, W. Poole (half-backs); W. Fisher, H. Hewetson (right); C. J. Bradley, R. C. Kirkby, W. R. Steele (left).

On Saturday, November 2nd, our excellent Secretary, failing to arrange a match for either XI., and the Association men being very "keen" for a game, about twenty of them journeyed to Raynes Park, where, after a fast and furious melée, Bradley's side was found victorious by five goals to four. Much dissatisfaction was expressed by the less keen spirits at having to perform their ablutions beneath the canopy of heaven minus the harmless necessary towel, and then assuming their apparel on one square foot of board apiece. The Secretary is now under a cloud.

UNITED HOSPITALS v. OLD ST. PAUL'S (London Cup).—Won by the latter by 3 to 1. A. M. Daniel was the Guy's representative, and played a fine game.

GUY'S HOSPITAL v. KENSINGTON.

Played on November 2nd, at Woodlane, ending in a draw, neither side scoring. A heavier team forward than Kensington would be hard to find. Although Guy's were light, they were far cleverer with their feet than their opponents. Allport, Swayne, and Cooper played well for the Hospital. Teams—

GUY'S.—J. Coleman (back); J. Ensor, E. Reid, J. Bettington (three-quarter-back); H. Cooper, L. E. James (half-back); A. Allport, F. Swayne, N. Instone, H. Wilks, W. Rogers, T. Birdwood, T. Sheringham, G. Pantin, S. Layman (forwards).

KENSINGTON—H. Jones (back); C. W. Dix, J. Gregory, E. Watson (three-quarter-back); R. J. Mackenzie, E. Rowsell (half-back); L. Elliott, T. Bellfield, C. A. Philip, C. Brenchley, R. May, W. Gardener, W. Bligh, F. W. Field, H. Paisley (forwards).

Advertisements.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

A GUY'S STUDENT (Undergraduate, London and Preliminary Scientific Honours), with good knowledge of Shorthand and Scientific Terms, seeks situation as Amanuensis and Laboratory Assistant to a Scientific or Medical Man.—Apply I., Medical Office, Guy's.

RESIDENCE, with partial board and full board on Sunday, at house of a Guy's Student. Pleasant suburb (Balham). Close to four commons, swimming bath, and free library. Cheap and easy access to London Bridge by train or tram. Room for one or two brothers or friends. Terms 1 guinea per week each. References exchanged.—Apply to E.B., Medical Office, Guy's Hospital.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied with the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Subscribers who wish to have their GAZETTES *for 1888 bound in one volume, should leave the numbers, with the Index published on January 19th, with the Librarian without delay. The cost of binding in the Hospital colours is one shilling and sixpence.*

The annual subscription to the GAZETTE *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, MEDICAL OFFICE, GUY'S HOSPITAL.

Guy's Hospital Gazette,

NOVEMBER 23, 1889.

A CASE OF CIRRHOSIS OF THE LIVER AND PLEURISY.

Through the kind permission of Dr. Taylor, I am enabled to give the following details :—

W. H. L., æt. 35, was admitted into Stephen on June 26th, 1889, for jaundice and slight dyspnœa. He was a woollen rug dresser by trade, and had lived in Bermondsey all his life; was married, had four children, and was in comfortable circumstances. He gave a history of having been much addicted to alcohol formerly, but stated that for 12 months before admission he had been extremely abstemious: good medical history except for liability to catch cold.

Family history.—Father died of pleurisy, æt. 47; mother alive and well, æt. 53. Patient is the eldest of a family of 15; six of whom died when quite young, the rest living and healthy.

History of present illness.—Had pains in his right side before Christmas, 1888. First noticed his complexion becoming yellow in Jan., 1889. Occasional pain in his liver of a dull aching character; his mouth bleeds freely at times; has been sweating at nights of late, and during the last few days has had some slight trouble with his breathing. He caught a cold on June 10th, which is about him now, and his voice is hoarse.

Condition on admission.—Well nourished man. Skin yellow all over, and sclerotic deeply coloured. The small veins are dilated over the abdomen and legs. The vessels of his face are also dilated, giving him a patchy appearance. He complains of a bitter disagreeable taste; his tongue is slightly furred, and he is occasionally much salivated; his appetite is good, but he is very thirsty; he feels very drowsy; his bowels have been constipated for some time.

Spleen.—Reaches down to a level with the umbilicus, and the dulness is continuous with the normal splenic dulness; pain on pressure.

Liver.—Hard, and the edge is distinctly felt on a level with the umbilicus; surface doubtful; the dulness extends into the axillary line as high as the 6th rib; across the chest is continuous with the precordial dulness; slight pain on pressure; abdomen seems distended, but no thrill can be obtained; no distinct dulness in the flanks with no alteration on movement.

Respiratory system.—Chest broad but rather rounded; movement bad but equal on the two sides; left chest slightly flattened.

Left Lung.—High-pitched note to 2nd space. Resonant to 4th rib, complete dulness below. Tactile vocal fremitus good above the angle of the scapula; diminished below, but just present. Vocal resonance absent below the angle of the scapula.

Supplementary breathing on the right side in front; moist râles at the back. Respiration 28—32.

Circulatory system.—Pulse 102—112; slightly dichrotic; arteries atheromatous; epigastric impulse well defined; heart's dulness very unsatisfactory; the apex beat is best felt in the epigastrium where the sounds are best heard; systolic bruit at the apex, and sounds are heard well to the right of the sternum.

Urine.—1015; dark brown colour; acid; trace of albumen; bile pigments do not give

reaction with iodine, yellow nitric acid, chloroform or bromine water.

June 27th. Exploration by needle in left 8th space behind showed fluid, so patient was aspirated, 97 ozs. drawn off; fluid of a deep brown colour; clear; albumen 30 grams per litre; but gave no bile pigment reaction. Measurements before aspiration below nipple, R. 18⅜ in. L. 18⅝ in.

28th. Restless night. Temperature at 11 p.m., 104·2. Phenacetin gr. x. was given at 2.30 a.m. Temperature 97.2 Resonance equal; absence of supplementary breathing on the right side; heart has moved to the left considerably; epigastric impulse less marked, and the sounds are best heard at the junction of the lower left ribs and costal cartilages; spleen not so readily felt; less tender; liver remains in the same condition.

July 1st. Slight bronchitis; spleen resuming its normal position; liver receding; temperature 103 night, 101.2 morning; urine dark colour; no albumen; no pigment reaction; sp. gr. 1015. Patient's stools very liquid in character, and judging from appearance contained a quantity of bile.

2nd. When patient lies on his back there is dulness between the tip of the 12th rib and the highest point of the iliac crest. On being rolled over to his left side the dulness is replaced by resonance; for an inch in front of the dulness there is an area of partial dulness. No œdema of the legs.

3rd. Dulness in the flanks well marked. Right chest moves better than the left; temperature 101 average.

8th. Left chest quite dull below the 4th rib; epigastric impulse hardly noticeable; uncertain indications of ascites on percussion; no distinct thrill on light tapping.

12th. Absence of movement of the left chest very noticeable when seen from behind, left chest completely dull below the nipple, partial dulness above; behind air enters above the 6th rib; absence of ascites; urine getting a lighter colour; bile pigment will not respond to ordinary tests; urea 1.5 p/c.

15th. Left chest, dulness up to the 2nd rib; supplementary breathing on the right side; epigastric impulse noticeable; carotids pulsate markedly; paracentesis performed and 42 ozs. of clear light brown coloured fluid withdrawn, giving unsatisfactory evidence of bile pigment.

18th. Heart has moved; apex beat felt in the epigastrium; slight rubs heard behind left chest; air enters well above the 8th rib in front; temperature averages 101. Urine 1010, returning to a dark normal colour; quite clear; no albumen.

19th. Patient had considerable bleeding from the gums.

20th. Bleeding from the gums still continues; faint systolic bruit heard at the apex to the right of the ensiform cartilage; bruit increases in loudness at the right of the sternum to the 2nd costal cartilage. The carotids pulsate very noticeably; air enters the left lung behind as low as the 6th rib; the rub cannot be heard now.

26th. Apex beat best felt at the right of the ensiform cartilage. Harsh apical systolic bruit heard up the sternum to the 2nd right costal cartilage; pulsation of the carotids is increased, and systolic bruit heard over them.

27th. Apex beat best heard in a line ½in. internal to the right nipple, and the heart can be felt beating on the right from the cartilages down to the umbilicus.

28th. Left chest, dulness up to the 3rd rib; partial dulness above; abdomen is tense, but no signs of ascites.

August 1st. Movement of the right chest better than the left; left chest dull up to the nipple; partial dulness above. Apex beat best heard in the right hypochondrium, and pulsation is felt over a large surface in the epigastrium

and right hypochondrium. The hard edge of the liver on admission seems softer and higher up. Paracentesis 30 ozs.

10th. Patient is to go out this afternoon at his own wish.

Condition on leaving.—Patient's general condition has much improved during the last week. The liver dulness now extends only to below the costal margin; the spleen is not to be felt, and the splenic dulness is normal. The back of the left chest gives as good a percussion note as the right, with the exception of the extreme base where it is somewhat impaired. No bile pigment is to be discerned in the urine, although patient is deeply jaundiced.

The patient died about a fortnight after his discharge, but no details were obtainable.

Remarks.—The points of interest about this case are, I think—

1. The large quantity of fluid which may be present in the chest without causing much discomfort; the dyspnœa in this case was only slight, and yet 97 ozs. were drawn off in paracentesis. Dr. Pavy in a clinical delivered a few weeks ago, said that he had found such a condition not unusual.

2. The rapidity with which fluid accumulates even under the most favourable circumstances for the patient—42 ozs. were drawn off 18 days after the first paracentesis, and again 16 days later 32 ozs. were taken away.

3. The extreme displacement of the heart and spleen are noteworthy.

4. Circumferential measurement is not to be relied on, for with 97 ozs. in the left chest, there was a difference of $\frac{1}{4}$ in. only.

5. The absence of bile pigments in the urine as tested by iodine, yellow nitric acid, chloroform and bromine water, although there was a history of five months, and six weeks under observation.

6. The sputum was several times stained for tubercle bacilli, but with a negative result; and as a matter for diagnosis is there any connection between the cirrhosis of the liver and the left pleurisy, or may the case be regarded as cirrhosis of the liver primarily, with an accidental complication of the pleurisy?

7. Can anything be said as to prognosis in cirrhosis of the liver when the excretion of urea is below normal?

The temperature averaged 98·8 throughout the time patient was in the ward, and when after the 1st paracentesis the temperature was reduced with such marked success; phenacetin was administered for the first time at Guy's

FRANK COLCLOUGH.

THE DENTAL LABORATORY.

A Dental Laboratory is being built on a site immediately fronting the conservation room, and it is expected that it will soon be ready for use. The room will be more than 22 feet long, and will be lit from the front by four windows already prepared, and from above by small "sky-lights" over the lathe, the casting bench, and the plaster bench.

In front of the windows jeweller's benches will be arranged, at which about twelve students can work at the same time. There will be all the necessary appliances for casting in metals and in plaster of Paris, vulcanizing, plate-making, gilding, and the numerous arts included under "Dental Mechanics," which every student is supposed to have learnt during his three years of pupilage before entering Hospital. Students will thus be able to construct for their own use "Correction plates," necessary for the treatment of dental irregularities and oral deformities.

Demonstrations will from time to time be given on the construction of metal and vulcanite splints used in the treatment of fractures of the maxilla and in the preparation of obturators and vela. The laboratory will afford the means of supplementing the lectures on Dental Mechanics by practical instruction.

A GENUINE JENNER LETTER.

Berkeley, Feb. 17th, 1805.

My dear Sir,

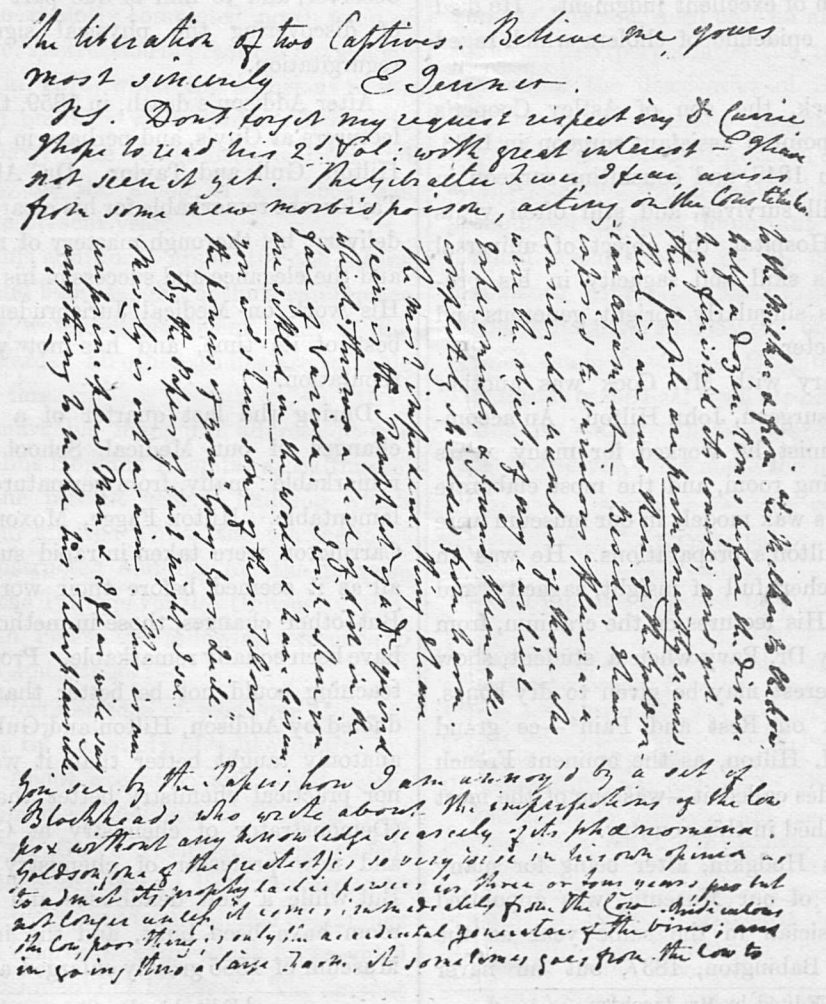
Among all your correspondents, I dare say there is not one who serves you half so bad as I do, but you must allow me to add, in mitigation of the quantity of censure, that there probably is not one who has half the urgent demands upon his pen ink and paper. I told Mr Addington after the House of Commons business was ended, that it would be my fate to be vaccine clerk to the World; and it is so and must be so, till Old Time discharges me from my Post. A bad accompaniment to all this is, the consideration that without emolument (for the Vote of Parliament did but little more than reimburse me) all this is done; and worse still, Vaccination draws upon me for near £500 per annum. It would be intolerable but for the incalculable happiness the world derives from my labours. You tell me in the true language of friendship that "you have long wish'd to know something about me," and this has drawn from me the preceding account. Thank heaven, my health holds up better than I could expect, as my days were formerly spent in constant exercise, but now its almost all confined to the fingers of my right hand, in just guiding my pen. There are many of the great Cities and Towns on the Continent, which can already boast of the powers of the Vaccine to such an extent, that the small pox is no longer known among them but by name. Now, have I not a fair claim on the generosity of some of these foreign Potentates? I told them how to add to their common stock of happiness in no inconsiderable degree, and ask'd no price for my communication. It was the immediate gift of Heaven to me, and above all price—But common prudence and common sense inform me, that with a rising Family and a sinking Fund before me, I should make some efforts to mend my pecuniary situation—What think you? Will you be my Counsellor and tell me? It would be somewhat disgraceful to our own country to suffer me to make such an application. Indeed I look upon myself as having been much neglected; for what predecessor of mine ever conferred so great a favor on his Country as I have done, from the reign of our old Monarch Julius the first, to that of George the third? I dont say this vauntingly—I trust there is nothing ostentatious about me, but concurring circumstances urge me to contend for something which appears to be a kind of tribute due to me. My destination for the year, is as follows. Till the beginning of May at Berkeley—a month in Town, and then to Cheltenham till the end of autumn—then again to Winter Quarters where I hybernate something like a Bat, a Hedgehog or a Dormouse. I wish you would come and rouse me from this half slumbering state. Pray do—My Wife and I sh^{d} be exceedingly happy to see you. Selfishness bids me wish you had attended to my suggestion and fixt yourself at Cheltenham. There was a clever thing to be sold when I wrote—Lord Suffolk has now purchas'd it for £3000 and it is worth £500 the buying. So great has been the scramble for Houses in this favorite haunt of the great & opulent, that I have been obliged to be a buyer in order to secure a place to hide my little Head in. If you can't come to Berkeley you will perhaps take a run down to Cheltenham in the Summer. After all I must confess there is a something in the vicinity of London which makes the situation, on the whole, more comfortable than any other. London may with Truth be call'd the Heart of tbe Empire, and parts glow with life, in proportion to their proximity to it. Cornwall then, is the great Toe, and so on. I dont know any minor occurrence I have more regretted lately than not seeing Dr. Currie. He was at Newport, within a mile of me for twenty four hours—on his departure he sent me a Note to apologize for not calling. Of all things I should have liked an interview with Dr. Currie, and most sincerely do I hope his change of situation, and abstraction from professional duties may restore him to health. I wrote immediately on my receiving his note, a Letter to him at Bath. He did not give me his particular address, my Letter was therefore consign'd to a F^{d} to find him out if he could. Will you be good enough to learn of him whether he has got my Letter? and pray present him with my best wishes and regards.

With respect to your question. The Vaccine Virus has been used at the expiration of six months after its preservation with perfect effect, and I have heard of its being good after preservation three times as long. But observe, at whatever period it be used, all you have to look to, is the progress and character of the Pustule—If that be perfect it is of no consequence whether the Virus came from the Dairy of Adam, or a farm in Gloucestershire. However conceiving you may wish on your departure to Halt Lodge (where I wish you and yours all health and happiness) to leave a useful Legacy behind you, I have enclos'd two Ivory points, the extremities of which have been newly dipp'd in the Vaccine fluid. When you use them, make the usual puncture with a Lancet & suffer the points to remain inserted about a minute, when the fluids oozing from the slightly-wounded blood vessells will dissolve the hardend Virus. Pray did you make a convert of the obstinate anti-vaccinist at Ludlow? I hope you have seen my Paper on Herpes in the Med: & Phys: Journal last August—You will find it interesting—since writing it I have gone deeper into this herpetic subject, & a very curious one it is. If you sh^{d} be disposed to looke into the Cottages of the poor around your new Mansion (and I think you will) you c^{d} assist me in this pursuit. I forget what I have said to you upon it already. The Herpetic fluid is a morbid Poison which the Constitution is capable of generating and when generated, it is capable of communication by contact. In the course of this communication, varieties start up, and I am greatly deceived in my Inquiry, which has neither been of short duration nor very limited, if it will not be found that most of those affections of the skin which have been called irritative, such as scaly Tetter, ring worm, &c., have not had their origin in simple Herpes. The itch of course is an exception. More of this one of these days.

My prayers for peace are as fervent as your own. What think you of the Letters of Napoleon? I wonder what he will think of my Letter—I felt bold enough to write to him yesterday to request the liberation of two captives. Believe me, yours most sincerely, E. JENNER.

P.S. Dont forget my request respecting Dr. Currie. I hope to read his 2d Vol: with great interest—I have not seen it yet. The Gibraltar Fever, I fear, arises from some new morbid poison, acting on the Constitution. You see by the Papers how I am annoy'd by a set of Blockheads who write about the imperfections of the Cowpox without any knowledge scarcely of its phænomena. Goldson (one of the greatest) is so very wise in his own opinion as to admit its prophylactic powers for three or four years, but not longer unless it comes immediately from the Cow. Ridiculous! The Cow, poor thing, is only the accidental generator of the Virus; and in going thro' a large Farm, it sometimes goes from the Cow to the Milker, and from the Milker to the Cow, half a dozen times before the disease has finish'd its course, and yet these people are *permanently* secured. There is an end then of the Goldsonian argument—Besides, I have exposed to variolous effluvia a considerable number of those who were the objects of my earliest experiments, & found them all completely shielded from harm. The most impudent thing I have seen is the Pamphlet of a Dr. Squirrel which throws a deal of dirt in the face of Variola. I wish, when you *are settled in the world* and have leisure, you wd shew some of these Fellows the powers of your "Grey-Goose Quill."

By the Papers of last night I see Mosely is out again. This is an unprincipled Man, & I fear will say anything to make his Tales plausible.



HISTORICAL SKETCH OF THE MEDICAL SCHOOL.

(*Concluded.*)

After the retirement of Sir Astley Cooper, three of his relatives were surgeons to Guy's Hospital. His nephew and biographer, Bransby Cooper, died suddenly from hæmorrhage, in 1850, while walking across the hall of the Athenæum Club, leaving a character of geniality and kindness which recalled by those who knew and loved the same qualities in the late Mr. Cooper Forster.

Aston Key, who married Bransby Cooper's sister, was one of the best operators of his day, and a surgeon of excellent judgment. He died in the second epidemic of cholera which raged in 1848–9.

Edward Cock, the son of Astley Cooper's sister, was appointed assistant surgeon in 1838, full surgeon in 1848, and consulting surgeon in 1871. He still survives, and still often visits his beloved Hospital, the object of universal respect for his skill and sagacity in his profession, for his singularly upright, generous and amiable character.

Contemporary with Mr. Cock was another very eminent surgeon, John Hilton. An accomplished anatomist, he worked for many years in the dissecting room, and the most elaborate of Mr. Towne's wax models in our museum were made from Hilton's preparations. He was an admirable teacher, full of insight, sagacity, and mother wit. His lectures on the cranium, from notes taken by Dr. Pavy when a student, show how much interest may be given to dry bones, and his work on Rest and Pain*—ce grand ouvrage de M. Hilton, as the eminent French surgeon Giraldès called it—was one of the most original published in this country.

Dr. Thomas Hodgkin, after being for many years curator of our Museum, was appointed assistant physician in the same year as the younger Dr. Babington, 1837, but he never entered on the duties, and retired from the profession to devote himself to works of christian charity. He died in Palestine, whither he had gone with Sir Moses Montefiore to obtain redress for some persecuted Jews, in 1866. Hodgkin's contributions to pathology were numerous and important; they are chiefly contained in his lectures on Diseases of the Mucous and Serous Membranes (1836) and in the Guy's Hospital Reports. The best known is his description of the affection of the lymph glands, which often goes by his name; but he was also a good clinical observer, and to him is due part of the credit of discovering the physical signs of aortic regurgitation.

After Addison's death, in 1859, the three best lecturers at Guy's, and perhaps in London, were Hilton, Gull and Taylor. Dr. Alfred Swayne Taylor was remarkable for his clear and pleasant delivery, his thorough mastery of manipulation, and the elegance and success of his experiments. His work on Medical Jurisprudence† was the best of its time, and has not yet lost that reputation.

During the last quarter of a century, the changes of our Medical School have been remarkable: many, from permature death, most lamentable. Hilton Fagge, Moxon, Mahomed, Carrington were taken in rapid succession, and all as it seemed before their work was done. But other changes, those in methods of study, have been equally remarkable. Probably clinical teaching could not be better than when conducted by Addison, Hilton and Gull, nor morbid anatomy taught better than it was by Wilks, nor practical chemistry better than by Odling (Demonstrator of chemistry at Guy's School, and now professor of chemistry at Oxford). But while a new deadhouse and post-mortem room have been built, and the famous Guy's Museum of 1865 greatly enlarged and improved,

* Edited by Mr. Jacobson.

† Edited by Dr. Stevenson.

laboratories and class rooms are now used for purposes which then students and even teachers would scarcely have known by name.

The study of histology was first made compulsory, and a microscopic class room opened in 1867. All sections were hand cut, and staining, hardening and embedding were then new inventions. It was then impossible to dissect in the summer, and the class of practical chemistry was held in the dissecting room. After the new chemical laboratory was built, the Museum was enlarged, and the collection of human and comparative anatomy was transferred to the recently completed north wing of Hunt's house. Instruction in practical physiology was begun in 1876, when the additions to the old Museum building were made. Classes in morbid histology were reorganised in 1876, and a laboratory for the study of microbes was opened in the present year.

With all this additional apparatus and means of learning and being taught, nothing can replace the constant, watchful, intelligent study of disease in the wards: all other studies are valuable as they help this.

In the remarkable inaugural address at the opening of Johns Hopkins' Hospital at Baltimore, in May of the present year, a building which exhibits to our kindred across the sea the most perfectly constructed building for the purpose yet raised—the Principal of the University, Professor Gilman makes the following reference to our Hospital and School:—

"We may form an idea of what our Hospital is likely to be by the study of a like institution in London. About a century and a half before Johns Hopkins died, the days of Thomas Guy, the founder of Guy's Hospital, were ended. Like our benefactor, he had lived unmarried to the age of 80 years, and from humble beginnings had acquired a fortune with which he provided for the establishment of a hospital. The amount of his gift was more than a million of dollars (£238,292). The beneficent influences of Guy's Hospital are now known in every part of the globe. It is doubtless safe to say that everyone of us has shared indirectly in its benefits. The name of the great surgeon, Sir Astley Cooper, would alone give renown to the hospital to which he was attached—Sir Astley Cooper, of whom it was said that from the period of his appointment to Guy's until the moment of his latest breath he was everything and all to the suffering and afflicted: his name was a host, but his presence brought confidence and comfort. The famous discoveries of one of Cooper's pupils, Thomas Addison, need only an allusion. Hodgkin's disease perpetuates the remembrance of another of the discoveries of Guy's Hospital. The name of Richard Bright is celebrated throughout the medical world in connection with an investigation which qualified authorities have pronounced the most important contribution to medical science made in the first half of the nineteenth century. Nearly fifty volumes of Medical Reports embody the observations and studies made in Guy's Hospital since 1836. Thousands of medical students have been trained within its walls: 'their presence,' says a competent observer, 'has made the hospital.'"

NOTICES.

We are requested to publish the following letter:—

London, November, 1889.

Dear Sir—We, the undersigned members of the staffs of the various London Hospitals, beg to draw your attention to the GOSPEL MISSION to be held at DEVONSHIRE HOUSE, Bishopsgate Street Without, for London Medical Men and Students, during the last week of November (November 25th—30th inclusive.)

We venture to hope you will favour us with your presence.—A. E. Barker, Thos. Barlow, J. Risdon Bennett, A. J. Bernays, J. Mitchell Bruce, A. Carless, F. LeGros Clark, J. Croft. E. H. Fenwick, A. Pearce Gould, T. H. Green ,J. W. Hulke, M. Handfield Jones, J. Langton, C. H. Ralfe, A. E. Sanson, T. Gilbart Smith, W. G. Spencer, R. Thorne Thorne.

Tea and Coffee at 7.30 p.m. An Address each evening at 8 p.m. by H. Grattan Guinness, M.R.C.S.

THE DENTAL DIPLOMA.

THE new regulations of the Royal College of Surgeons for the diploma of L.D.S., Eng., are reprinted on another page, and were foreshadowed in our columns a few months ago.

The curriculum for Dental Students who register after January 1st, 1890, will include all the requirements for the first and second professional examinations for the conjoint diploma, excepting practical pharmacy, in addition to the special subjects for the L.D.S. The practical examination will henceforth include the subject of Dental Mechanics.

No doubt this will impose a great deal more work on the Dental Student, but provision is made by which he will be allowed to dispose of chemistry, materia medica, and the whole three years' course of dental mechanics before Registration, and this will set free a good deal of the time of the first year's man.

The new regulations pave the way to the final advance when the L.D.S. will be taken after the Conjoint diploma, and then dentists will be acknowledged true specialists in Surgery; few who are familiar with the history of the profession, since the passing of the first Dental Act in 1878 can doubt that this will follow. A few will still say that dentistry is a manipulative art and is of so special a nature that it cannot be properly taught in a Medical School, but events of a recent date at this Hospital have gone far to dispel that impression, in fact means have now been found to correct the greatest existing defect of dental education, which consists in the absence of necessary instruction in practical dental mechanics. Students may acquire familiarity in all the details of the dental laboratory during their pupilage, but as a rule they go into practice without even having themselves constructed and adjusted a set of teeth for a patient. Thus a most important branch of knowledge has to be acquired in private practice, and it is not surprising that experiences both varied and curious are sometimes the result. The teachers are quite alive to this anomalous condition and sincerely bewail it, but the Dental Hospitals have felt compelled to adhere to their rule not to supply artificial teeth to the patients, because they would be inundated with applicants not always of a deserving class, and would find themselves at variance with the dentist in small practice, whose patients they might be treating. In a General Hospital this difficulty disappears for there are always with us a large number of nurses whose cases would be most suitable for treatment, and dentures might be constructed for them under the supervision of the teachers on the understanding that the worst cases of loss of masticatory power be selected, and whatever was done for them would be absolutely free of charge. The above is but a single illustration of the advantages that will accrue from the inclusion of dental education in Medical Schools, and it is needless to point out how much a wider range of study will improve the professional and social position of those who practise the special branch.

THE PRESCRIPTION.—There was, some time ago, a doctor whose morning levees were crowded beyond description. It was his pride and boast that he could feel his patient's pulse, look at his tongue, probe him with his stethoscope, write his prescription, pocket his fee, in a space of time varying from two to five minutes. One day an army man was shewn into the consulting room, and underwent what may be called the instantaneous process. When it was completed the patient shook hands heartily with the doctor, and said: "I am especially glad to meet you, as I have often heard my father, Colonel Forester, speak of his old friend Dr. L." "What!" exclaimed the doctor, "are you Dick Forester's son?" "Most certainly I am." "My dear fellow, fling that infernal prescription into the fire, and sit down quietly and tell me what's the matter with you."—*Murray's Magazine.*

DOCTOR (politely, but looking at his watch with visible impatience): "Pardon me, madam, but my time is not my own. You have given me all your symptoms in sufficient detail, and now, perhaps, you will kindly—er—ah—" Husband (not so considerate): "Maria, he doesn't want to hear your tongue any more. He wants to look at it."

Passim.

We understand that the Committee of the Students' Club has lost the services of Dr. Hale White and Mr. Lane, who have retired in favour of Dr. Shaw and Dr. Washbourn. As a general rule it is obviously convenient that those who are entrusted with the management of any club should be members who are in the habit of frequenting the Club rooms, and have therefore a practical acquaintance with the arrangements. In the case of the Student's Club this seems to be more particularly desirable at the present time when the Committee are endeavouring to effect alterations which will require very careful consideration, and very full knowledge on the part of the Members of the Committee with regard to all circumstances of the case. Those of us who remember the establishment of the Club do not forget the energy and zeal with which Dr. White and Mr. Lane worked to make the venture successful, and we owe them a large debt of gratitude for their services, which we are very glad to acknowledge.

We owe the facsimile of a letter of Jenner, which we publish to-day, to the kindness of Dr. Frank Heatherley. He obtained the original for the College of Physicians from the Rev. W. R. Worthington of Birkenhead. Our reproduction is from a photograph taken by Dr. Heatherley, and we are certain that it will be greatly appreciated by all our readers. An interesting sketch of the life of the great Jenner will appear in our next issue.

We may rest well satisfied with the results of the recent examinations. At the final M.B. Lond. we passed 75 per cent., and at the First Fellowship 60 per cent., while of two Guy's men who took up the final B.Sc. Lond., both were successful. Our congratulations to the fortunate candidates go almost without saying, but it is seldom that regrets for the less happy ones are so sincere; most of our men have worked so hard lately that failure must be put down to the "glorious uncertainty" of examiners and their ways.

A full list of the new appointments will appear in our next, when all present vacancies will be filled up; meanwhile we congratulate such men as have obtained their hearts' desire in this respect.

The Bradshaw Lecture will, on the present occasion, be delivered by Mr. Bryant. His subject is, "Colotomy—Lumbar and Iliac, with special reference to the Choice of Operation." The Lecture is down for the 5th of December at 5 p.m.

Messrs. H. F. Knyvett and A. L. Paliologus have each obtained the L.R.C.P., L.R.C.S., and L.M. Edinburgh.

The present column is fated to be congratulatory. It would be most ungrateful to say nothing in praise of the doings of our team up at Swansea. The form was excellent all round, and there is no need to particularize here. We beg to thank the "thews and sinews" collectively, not forgetting the brains, for a considerable amount of the latter commodity was put into the play. We wonder how many new automatic centres a good football man develops.

Mr. Girling's Paper on "Ancient and Modern Surgery" at the Physical to-night will be of interest to First and Second Years' men as well as to others, and we hope there will be a good muster.

It might be well to suggest that the present scarcity of subjects for dissection does not exactly form an excuse for an extra allowance of dominoes after lunch. It is within the bounds of possibility, that an abundance of material may shortly arrive, and then such gentlemen as have decided to "make one part last till Christmas," will come off second best.—*Verb. Sap. Sat.*

We cull the following from our luminous contemporary the '*Pelican*':—"Guy's Hospital is the home of so much talent of one sort and another, that I anticipate deriving any amount of amusement from the Fourth Annual Concert of the Football Club, at which I hope to be present on December 18th. The popular and energetic Mr. E. Jackson Lang is getting together a splendid programme, which, besides including all the available talent in "the house," will display the names of Mr. Charles Collette and Mr. Charles Coborn. Mr. L. E. James fills the post of Hon. Secretary, and if the hall is only filled as well and as thoroughly on the night of December 18th, the show ought to be a gigantic success."

Physical Society.

An ordinary meeting of the Physical Society was held on Saturday, Nov. 9th, when the minutes of the last meeting were read and confirmed. The programme of the evening included the exhibition of cases from the wards, and recent pathological specimens; but owing to the counter-attractions of the civic pageant and West-end illuminations, the attendance was not so large as on the last clinical evening.

Mr. Moss showed a case of "inexplicable" anæsthesia. The patient was described as an excitable old gentleman, rather under the average height, who had been in business as a "docker" until the senselessness of his skin, and a feeling of Turkey carpet in his boots, compelled him to relinquish his occupation and seek Hospital support. His stoical indifference to the insertion of carbolised pins beneath the cutis vera was quite alarming, but coins of the realm heated in the gas flame, and applied to the forehead, were not received with a like degree of equanimity; probably he was less accustomed to the latter stimulus. It should be added that ankle clonus, and other orthodox symptoms were present. Questions as to the functional nature of this case were discussed, and the treatment by suggestion strongly recommended.

The next patient presented an interesting group of nervous symptoms which led to the diagnosis of cerebellar tumour. There was well-marked optic neuritis, reeling gait, slight facial paralysis and glycosuria. Two of the cardinal symptoms, headache and vomiting, were conspicuous by their absence. The glycosuria was explained by interference with the diabetic centre through extension of the tumour in the direction of the fourth ventricle.

Mr. Girling showed a case of tumour of the nape of the neck, and one of rodent ulcer. The former was remarkable for its situation, its long duration and the absence of ulceration. It appeared as a flat mass in the skin, not adherent to the deeper structures, and nodulated on the surface. It had been diagnosed as a carcinoma of the skin, but gumma and adenoma of the sweat glands were also suggested. The second case gave a very characteristic history of rodent ulcer, but the clinical appearances were modified by the extension of the disease into the orbit and eyelid.

The pathological specimens included a very unusual example of cirrhosis of the liver in a young woman, the exact nature of which had not yet been determined. In some parts the hepatic substance looked like tiny oases in deserts of fibrous tissue, but the surface was not hob-nailed, nor was there any marked perihepatitis.

Microscopic specimens of glanders and anthrax, both from recent cases, were also shown.

After a vote of thanks (which, by the bye, was forgotten) to the chairman and the gentlemen who had exhibited the cases and specimens, the meeting adjourned.

PASS LIST.

LONDON UNIVERSITY.

FINAL M.B. EXAMINATION.

FIRST DIVISION.

H. J. Campbell. C. M. Kitching,
R. D. Mothersole.

SECOND DIVISION.

G. Black. A. Green.
J. Fawcett. G. J. Padbury.
A. D. Fripp. A. Scott.
R. E. Williams.

FINAL B.Sc. EXAMINATION.

FIRST DIVISION.	SECOND DIVISION.
E. T. E. Hamilton.	T. R. Taylor.

ROYAL COLLEGE OF SURGEONS.

FIRST FELLOWSHIP.

A. W. Sheen. G. Sichel.
H. B. Wilkinson.

CAMBRIDGE M.B. EXAMINATION.

THIRD EXAMINATION FOR M.B. AND B.C.

PART. I.

(In the Philosophical Library, New Museums, except when otherwise stated.)

Tues. Dec. 10 9 a.m. to 12 m. Principles and Practice of Surgery.
2 to 4.30 p.m. Midwifery.

Fri. „ 13 9 a.m. Oral Examination in Surgery, and Operations.
4 p.m. Oral Examination in Midwifery.

Sat. „ 14 9 a.m. Oral Examination in Surgery and Midwifery, and Operations (in the Dissecting Room).
11 a.m. Clinical Examination (at the Hospital).

Mon. „ 16 11 a.m. Clinical Examination (at the Hospital).

PART II.

Wed. Dec. 11 9 a.m. to 12 m. Pathology.
2 to 4.30 p.m. Elements of Hygiene.

Thur. „ 12 9 a.m. to 12 m. Principles and Practice of Physic.
2 to 4.30 p.m. Medical Jurisprudence.

Mon. „ 16 10 a.m. Clinical Examination (at the Hospital).
2.30 p.m. Therapeutics and Prescriptions, and Oral Examination.

Tues. „ 17 10 a.m. Clinical Examination (at the Hospital).
2.30 p.m. Microscopical Specimens, and Oral Examination (in the Pathological Laboratory).

Wed. „ 18 9 a.m. Oral Examination.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following are the new regulations relating to the Diploma in Dental Surgery just passed by the Council of the College :—

Education.—Candidates who registered as Dental Students on or after Jan. 1st., 1890, are required to produce the following certificates :—1. Of registration as a dental student by the General Medical Council, 299, Oxford-street, London, W. 2. Of having been engaged during four years in the acquirement of professional knowledge subsequently to the date of such registration 3. Of having received nstruction in chemistry, including chemical physics, practical chemistry, and materia medica. 4. Of having attended at a recognised medical school: (*a*) A course of lectures on anatomy during not less than six months, or one winter session; (*b*) a course of lectures on physiology during not less than six months, or one winter session; (*c*) a separate practical course of physiology during not less than three months; (*d*) a course of lectures on surgery during not less than six months, or one winter session; (*e*) a course of lectures on medicine during not less than six months, or one winter session. (Students are required to attend examinations which are held in the several classes.) 5. Of having performed dissections at a recognised school during not less than twelve months. 6. Of having attended at a recognised hospital or hospitals, in the United Kingdom, the practice of surgery and clinical lectures on surgery during two winter sessions. 7. Of having attended, at a recognised school, two courses of lectures upon each of the following subjects—viz., dental anatomy and physiology (human and comparative), dental surgery, dental mechanics, and one course of lectures on metallurgy, by lecturers recognised by this College. (Students are required to attend examinations which are held in the several classes.) 8. Of having been engaged, for a period of not less than three years, in acquiring a practical familiarity with the details of mechanical dentistry, under the instruction of a competent practitioner. In the cases of qualified surgeons evidence of a period of not less than two instead of three years of such instruction will be sufficient. (This instruction may be taken prior to the date of registration as a dental student.) 9. Of having attended at a recognised dental hospital, or in the dental department of a recognised general hospital, the practice of dental surgery during the period of two years. 10. Of being twenty-one years of age.

Note—Professional study prior to the date of registration as a dental student is not recognised, except in the case of chemistry, practical chemistry, and materia medica, and of instruction in the details of mechanical dentistry ; see clauses 3 and 8.

Examination—The examination is partly written, partly practical, and partly oral. The written examination comprises general anatomy and physiology, general pathology and surgery, dental anatomy and physiology, and dental pathology and surgery. At the practical examination candidates may be examined: (*a*) On the treatment of dental caries, and may be required to prepare and fill cavities with gold or plastic filling or material, or to do any other operation in dental surgery (candidates must provide their own instruments); (*b*) on the mechanical and surgical treatment of the various irregularities of children's teeth; (*c*) on mechanical dentistry. The oral examination comprises the several subjects included in the curriculum of professional education, and is conducted by the use of preparations, casts, drawings, &c. Candidates who have passed the second examination of the Examining Board in England, or who shall produce evidence of having passed the examination in anatomy and physiology required for the licence in Surgery of the Royal College of Surgeons of Edinburgh, the Royal College of Surgeons in Ireland, or the Faculty of Physicians and Surgeons of Glasgow, or an examination in anatomy and physiology required for a degree in Medicine or Surgery in a University in the United Kingdom, will be exempt from re-examination in those subjects. Candidates, who are Members of the College, or who have passed the examination in Surgery of the Examining Board in England, or who shall produce evidence of having passed the examination in surgery for the licence in surgery

of the Royal College of Surgeons of Edinburgh, the Royal College of Surgeons in Ireland, or the Faculty of Physicians and Surgeons of Glasgow, or an examination in Surgery for a degree in Medicine or Surgery at a University in the United Kingdom, will be exempt from re-examination in general Surgery and pathology. A candidate whose qualifications shall be found insufficient will be referred back to his studies, and will not be admitted to re-examination within the period of six months, unless the board shall otherwise determine. Examinations will be held in May and November in each year. Candidates are required to give fourteen clear days' notice of their intention to present themselves for examination. The fee for the diploma is ten guineas.

Note.—A ticket of admission to the Museum, to the Library, and to the College lectures will be presented to each candidate on his obtaining the diploma. EDWARD TRIMMER, Secretary.

March 8th, 1888.

AN UNLUCKY EXAMPLE.

At the Weston Medical Society the Session was opened by the President, Dr. Wigby, reading a paper on professional topics. The last subject dealt with being Specialism, against which the Doctor inveighed bitterly, and in conclusion he said "Let me give you an example gentlemen. A man came to me sometime ago with well marked locomotor ataxy. He had already been seen by Drs. Eccles, Cellars, Slinger, Walker, Maltby and Johnson, and was evidently being handed on from one to the other. Cure was evidently hopeless, and shortly afterwards I lost sight of him. Well, gentlemen, what could a specialist do in a case like that, except to charge a higher fee for his opinion?" The Doctor sat down with a satisfied smile, and after the applause had ceased, a young man rose, who had lately set up as a consultant, making a speciality of nervous deseases, and believing that some of the hits were slyly meant for him, said, "I disagree totally with our worthy President, as you well know! I think that in obscure cases it is always well to get the opinion of someone who has sought and acquired more experience than most in a particular class of disease. As an example I may take the case Dr. Wigby has mentioned, and I don't think I could choose a better," Here he added more names, which brought the total up to about three-quarters of those present. "Now that man finally came to me, and as a result he is now walking about quite well. I won't say that I cured him, but I *may say, that after a careful examination*, I found that the symptoms which could not be simulated were conspicuous by their absence, and the variations in the knee jerk being suspicious, I instituted private enquiries, which resulted in several interesting facts being brought to light. One was that one of his relations suffered from locomotor, and that our patient, at one time lived with him. Another was, that when he went for a stroll in the country my boy discovered, by following at a distance, that after passing the last house of the town, his ataxic gait disappeared. The third point which in my eyes was the fundamental cause, and by removing which I restored him to his usual state, was a pension from his employers, which your certificates, gentlemen, enabled him to obtain. And yet to this day he is ungrateful to me. Several gentlemen got up and disclaimed having done more than casually examine the man, but the after discussion fell flat.

Hospital News.

INTERESTING CASES.

PHILIP	2	Abdominal tumour.
	8	Enlarged liver and spleen.
	9	Phthisis, tubercular laryngitis.
	11	Lead palsy.
	15	Abdominal tumour.
	17	Aortic disease.
	25	Spinal pachymeningitis.
	29	Pleuritic effusion, morbus cordis.
	33	Multiple neuritis.
	34	Morbus cordis.
	36	Myelitis, descending sclerosis.
STEPHEN	1	Spastic paralysis of leg, stricture.
	6	Phthisis, cardiac displacement.
	10	Aortic aneurysm.
	12	Ascites, cirrhosis.
	16	Morbus cordis.
	25	Left hemiplegia, endocarditis.
	26	Neurosis.
	30	Optic neuritis, ? tumor cerebri.
	33	Myelitis, descending sclerosis.
	40	Lead palsy, morbus cordis.
MARY	12	Carcinoma ventriculi
	13 and 15	Neurosis.
	16	Phthisis, enlarged liver and spleen.
	20	Muscular atrophy in leg.
	21, 41, and 48	Morbus cordis.
	24	Diabetes, gangrene of toes.
	25	Compression paraplegia.
	26	Hydrothorax, ascites, nephritis.
	32	Abdominal tumour.
	35	Icterus, distended gall-bladder.
	44	Multiple neuritis, contractions.
	49	Gastric ulcer.
ACCIDENT	25	Meningeal hæmorrhage, trephining.
LYDIA	12	Renal calculus (?).
MARTHA	13	Hydronephrosis.
LAZARUS	12	Infantile hydrocele.
	18	Rodent ulcer.
CHARITY	7	Tumour of breast.
NAAMAN	5	Contracted fingers.
	14	Tumour in loin.
LUKE	10	Necrosis of scapula.
	15	Sarcoma of humerus.
	18	Infantile hydrocele,
DORCAS	2	Malignant nasal polypi.

NOTICE TO CORRESPONDENTS.

The Editors wish it to be understood no communications can be inserted which are not guaranteed by the name of the sender. All articles must be written on one side of the paper only.

THE CHEMICAL GENESIS OF PHYSIOLOGICAL PIGMENTS.

By F. Gowland Hopkins, F.I.C.

Some few years since, this Society listened to what, I am told, was a very able paper on the subject of pigments. But since that paper was read, a very large amount of work has been done in this department of physiological chemistry, and moreover, on this occasion, I propose to deal with the nature and origin of animal colouring matters, rather than with their function, to which, I believe, the above mentioned paper was confined.

The nature of the molecule of hæmoglobin will tend to become the alpha and omega of any such enquiry as this. Firstly, because all animal pigments are probably either steps in the process of hæmoglobin development, or products of its down-grade metabolism, and secondly, because if the study of pigments generally should lead to an understanding of the structure of the hæmoglobin molecule, this would be the solution of one of the most interesting of all physiological problems.

But it is well to note at the outset that in all probability hæmoglobin does not function as a pigment in the proper sense of the term. That is to say, there is no reason apparent why an internal oxygen carrier should possess a high colour, or, what is the same thing, a power of selective absorption for light rays. Pigment, in the proper sense of the term, functions in the body on account of its light-absorbing properties, as, for example, in its decorative function in the epidermis of animals generally, in its protective rôle in the cornea, or by means of its combined light-sensibility, and chemical instability, in various forms of visual apparatus.

But in hæmoglobin the property of colour, as such, would seem to have no function. On the other hand, and this is a point to which I hope to return, that particular molcular structure which has been shown to be associated with the possession of colour is just such as might confer on hæmoglobin its oxygen-carrying properties.

It is necessary that I should go with some detail into our present knowledge of the chemistry and physics of hæmoglobin; but, at the same time, I hope to avoid dwelling on facts which are the common property of the text books. In the first place it is well known to all that hæmoglobin when separated from the stroma of the corpuscle tends to crystallize in definite forms. To this crystalline form I would direct attention for a few moments. As usually stated, the blood of most animals crystallizes in four sided prisms belonging to the rhombic system, the chief exceptions occurring in the blood of the guinea-pig, the squirrel and the hamster.

Dr. Halliburton has recently (Proc. Physio. Soc. 1886) published some very interesting experiments on these exceptional crystals. In the first place he found that the hæmoglobin of *squirrel's* blood, which usually crystallizes in six-sided plates, could, by a process of repeated crystallizations, be brought to break down into the normal rhombic needles, but mixed, at the same time with tetrahedra, which latter are the normal forms of the guinea pig crystals. Dr. Halliburton likewise obtained a very remarkable converse of this result. He mixed rat's blood, which yields normally rbombic needles, with that of the guinea pig, which yields telrahedra, thus mixing the two forms into which the squirrel's hexagons break up; and by carefully crystallizing after mixing, he obtained what were at any rate, simulated hexagons; thus synthesising the squirrel-form from the rat-form and the guinea-pig form!

Dr. Halliburton somewhat naively remarks, that the *Hamster's* blood was not examined in the research, probably because he found it was a case of *first catch your Hamster.*

These variations of form are generally ascribed to varying amounts of water of crystallization, but I think they are more likely to be due to essential differences in the proteid half of the hæmoglobin molecule. Whatever we may predicate with regard to the "hæmatin half" there is, I think, little doubt that the "globulin half" varies in its nature in different animals, and this would explain, *inter alia*, the great difference in facility of crystallization which exists in the hæmoglobins of different animals; differences which are found even when the crystals agree in form. It has been, indeed, disputed that the crystals, even from the same animal represent a really definite chemical unit; partly for reasons to which I shall recur later, and partly because determinations of the sulphur present have seemed to vary outside the limits of experimental error: but Zinoffsky (Zeit. Phys. Chem. *10* 16-24) has shown that when the hæmogoblin of the horse is really carefully prepared, the S is always constant, and is present in the proportions of two atoms of S to one of Fe. Thus, in any given animal, hæmoglobin is probably a definite chemical substance, even as regards the proteid it contains.

But a very important point has to be insisted upon with regard to these crystals which marks them as distinct from the ordinary cases of crystallization of definite chemical substances. If they are treated with alcoholic ammonia (Strüve) they are completely decolourized without undergoing any alteration in form; the colouring matter is dissolved out and the proteid portion left in colourless crystals. This was the fact to which I alluded as casting additional doubt on the real chemical personality of hæmoglobin. It seems to me, however, that these facts are to be reconciled as follows. Hæmoglobin as it exists in the living blood before crystallization is a definite body; but the union of the coloured constituent with the proteid constituent is of a kind analagous to that now thought to exist between substances in solution and the solvent which holds them, a real molecular union, but a very loose one.

By this solution, so to speak, in the proteid constituent, the coloured constituent of hæmoglobin, which, as we know, is the one really concerned in oxidative changes, is enabled to act chemically with much greater readiness than it could were its molecules massed together, just as

in the case when re-acting substances are dissolved in ordinary solvents. Again, in ordinary cases of solutions, when the solvent itself solidifies, the substances which were in solution separate out, and so, when the proteid of hæmoglobin crystallizes, the coloured constituent separates, and the previous loose, though definite, chemical union is dissolved. The reason why in this exceptional case the separated substance may be dissolved out of the crystals without damage to their form will, I think, become evident after consideration.

Although crystalizable, the proteid of hæmoglobin is not diffusable, and when it takes on the crystaline form it probably retains in some sense the nature of a coagulum or jelly. Now, just as an artificially cut cube of jelly stained with some colouring matter will yield the latter to a solvent by osmotic action without losing its cubical form, so, I take it, do these colloid-crystals (if one may be excused such a term) yield up the coloured constituent of hæmoglobin to alcoholic ammonia.

Before leaving the subject of hæmoglobin crystallization, the important work of Monckton Copeman must be noted. This observer has shown that the tendency of all blood to crystallize is greatly increased by admixture with putrid serum, and he further made the very important discovery that, when thus caused to crystallize, the blood of all animals save that of the monkey and of man, yields the spectrum of oxyhæmoglobin; while, in the two latter instances, the crystals are in a *reduced* condition. Such a distinction as this may come to be of great importance in medico-legal investigations (B. M. J., July 27, 1889, p. 190).

We have now to deal with the coloured constituent which may be separated from hæmoglobin. It is still usual in many text books to speak of *hæmatin* as though it previously existed as such in hæmoglobin; but this is not the case. Hæmatin is an oxidized product of the body which in hæmoglobin is united with the proteid.

If hæmoglobin be decomposed when there is no access of oxygen, a body yielding a very characteristic spectrum, quite distinct from that of hæmatin, is obtained. This is *hæmochromogen*, so called because it yields hæmatin on oxidation, the name "chromogen" being given to a class of unstable substances, which, by a slight and easily-produced change in their molecule produce some definite pigment.

Hæmochromogen should be a name as familiar to students of physiology nowadays as is that of hæmoglobin itself.

Its spectrum is a very marked one, and the detection of the body is always significant, in suggesting that hæmoglobin metabolism has occurred or is occurring. It is found in some invertebrates, and is, according to MacMunn, an excretory product of the human adrenal. Its production from alkaline hæmatin is described in the text books, and is very easy. *Hœmatin* itself, then, as we have seen, is an oxidation product of this hæmochromogen, and Lebensbaum (Monatsh. für Chem. *8* 166) has performed quantitative experiments on the absorption of O during the decomposition of hæmoglobin to form hæmatin. He finds that if oxyhæmoglobin be decomposed by ·1 per cent. solution of H_2So_4, it absorbs 1·1 per cent of its weight of O.

It is probable that the hæmatin of all animals is the same, and the most recent formula obtained for it is that of Nencki and Sieber:—

$$C_{32}H_{32}FeN_4O_4$$

It is an interesting fact that *hœmatin*, like hæmoglobin itself, yields a compound with nitric oxide, and that this gives a spectrum almost identical with that of oxyhæmoglobin.

Concerning *hæmin*, the hydrochloride of hæmatin, there is a considerable quantity of new work to describe which has not yet got into the text-books. In the first place, we may note that analogous compounds of hæmatin with HI and HBr have been prepared, and the crystals of the iodine compound are said to be more easily obtained from blood stains than are those of hæmin itself.

I have already described how hæmoglobin crystals are decolourized. It is still more remarkable to find that hæmin crystals may be decolourized in the same way. I say more remarkable because one would not expect to find a proteid residue in a derivative of hæmatin. If, however, the crystals of hæmatin are treated with alcoholic ammonia they become completely colourless without losing their form, and the ammonia solution afterwards deposits brown translucent globular aggregates of needles. (M. Shalféef, *Jour. Russ. Chem. Soc.*, 1885). M. Shalféfe, who made this discovery, finds that the body which separates from the ammonia solution has the properties of a weak acid which he calls *hœminic* acid. Strüve, who extracted the red substance from *hœmoglobin* crystals, also considers that he obtained bodies of a weak acid character. I should like to emphasize the fact of these coloured bodies being acids, as it is of some importance to a theory which I shall advance in this paper.

With regard to the next derivative of hæmoglobin, *methhœmoglobin*, there is still some uncertainty as to its exact composition. It used to be taught that it was a more highly oxidized product than oxyhæmoglobin; but Hoppe-Seyler showed that this could not be the case, as it is produced from the latter when no O could have access to it. There is no question, however, that the O is more firmly held, apparently entering into the actual structure of the molecule, and conferring upon it an acid reaction; which latter fact I would again ask you to note. A large number of substances convert hæmoglobin into methhæmoglobin. The following have been proved to do so:—Amyl nitrite, sodium nitrite, chlorates, ferricyanides permanganates, iodine, bromine, osmic acid, pyrogallol, quinol, catechol, kairine, thalline, and terebenthine. We see, therefore, that it is very general for oxidizing substances to bring about this more intimate union between hæmoglobin and oxygen.

The last derivative which I shall speak of for the present is *Hœmato-porphyrin*. This is obtained, as you know, by the action of strong sulphuric acid on hæmatin,

the whole of the iron of the latter being removed as $FeSO_4$.

Hæmatoporphyrin is substance of great importance, widely distributed in the animal kingdom, being found for instance in the dorsal streak of the earthworm. It is easily produced from bile and other pigments in the human body, indicating therefore a relationship between such and hæmoglobin itself. Its formula is:—

$$C_{16}H_{18}N_2O_3$$

Metals may replace at least one of its hydrogen atoms, and we get such compounds as $C_{16}H_{17}NaN_2O_3$, a fact which is of importance in any theory of its composition.

(To be continued.)

Sport.

ASSOCIATION FOOTBALL.

The Association Club have had a very busy fortnight, and, though not brilliant, may be congratulated on the results. At Barnes, on November 6th, the First XI. met the River-side Club of that place. As Barnes turned up with only eight men, there was considerable delay in starting, while awaiting the missing ones. At last, about 3.30, two more turned up, and the game began. It looked like a walk over for us, as we scored two goals in the first quarter of an hour. and quite pinned our foes, who, however, warmed up to their work, and before half-time put a nick in their post. In the first half-hour after the interval, the game swayed up and down, till at last they secured a second goal. In the dark of the last quarter of an hour we failed to score, although we had at least two shots every minute. The game ended in a draw (2—2). Daniel played in this match for us for the first time, while Hibbard defended our goal.

On Saturday, 9th November, to Surbiton we hied us to oppose the Lancing Old Boys on their own ground, which was very wet from damp fogs. The game, though by no means one-sided, was decidedly in their favour, as their forwards were very fast, and one of their backs a first-rate man. The Old Boys secured two goals before half-time. The second half was remarkable for two miraculous escapes of our citadel when hope had been abandoned, two hands in succession unfortunately escaping the umpire. Jackson secured a third goal just before the whistle sounded "time." Frith and Burrell shone conspicuously.

On the same day, Mumford captained a weak second, which was beaten by Barts' 2nd XI. at Walthamstow, by 4—0.

At Highgate, on Wednesday, 13th, the 2nd XI. beat Highgate School, on a very wet ground by 7—3. Hibbard played in his well-known style for 4 goals.

On Saturday, 16th, at Walthamstow, the 2nd XI. "walked over" Nil Desperandum (6—0), thus winning the first round of the Junior Surrey Cup.

The medicals of Guy's, in blue and gold arrayed,
All shouting for the battle, Nil Desperate have slayed.
R. Mumford of the long foot, their captain brave was he,
And Burrell of the hundred fights, who shouts so lustilee,
And Manning of the giant calves, "Lord" Fisher of Blackheath,
There Kirkby bearded Welshman, of the rest you'll read beneath.
Staunch Webber of the mighty kick, and Frith of world renown,
Cap. O. J. B., who "marks his man," to referee come down.
No attribute there is save "bold" for all the other Guy's.
Who kept the lists? "Our" Secretary, and Colley of the ties.
So Guy's men to your children let the story still be told
How our 2nd beat the "Nils" in the brave days of old.

GUY'S—H. Fothergill (goal); W. S. Frith, W. H. Webber, L. C. Burrell, W. Poole, T. D. Manning, A. C. Kirkby, S. Fry, R. Mumford (capt.), F. Rouse, W. Fisher.

GUY'S v. SWANSEA.

We propose to reserve a full account of this important match till our next issue, feeling sure that so satisfactory an event will not lose interest by keeping. Meanwhile we subjoin some extracts from the *Cambria Daily Leader*, which show how the match was regarded by the friends of the home team.

Somehow it was generally anticipated that in Guy's Hospital the home team would not have a very hard nut to crack, but the knowing ones, who had watched the result of their matches at London this season, were not so confident by a long way.

The visitors only played three three-quarters, the centre one being Edgar Reid, who was for two or three seasons the successful skipper of our "A" team. The game had no sooner started than Guy's went off with a dash, and the crowd were not long in realizing that they were having the best of it.

It was a treat to watch their play. Their forwards were in splendid fettle, and carried the scrimmages time after time. In the loose they were adepts at dribbling and, when an opportunity occurred, carried the ball down the ground by the aid of short passes one to another Their halves were particularly good, and, with their pack having the best of it, managed to feed their three quarters well.

With such advantages it was not surprising that the play was chiefly in Swansea's quarters, and they had all they could do to keep their goal intact. Reid was playing a very good game at centre three-quarter, and feeding his wing men very judiciously. The spectators soon spotted Mitchell as a dangerous man, and whenever the ball travelled his way, gave a sigh of relief when his career was checked—at last an opening presented itself to this player, and the ball was seen passing through the uprights, and Guy's led by a dropped goal.

The principal hope of keeping their unbeaten record lay in the home team being in better condition, and able to keep the pace up, which up to now, had been very fast. This they managed to do and it was soon apparent that it would tell in their favour. Guy's defence, however, was very safe, and not easily broken. At last Meredith scored a try which was not converted, leaving Swansea still one point behind.

It was an anxious time for players and onlookers, and just as everyone was trying to make up his mind for the inevitable, Whapham found an opening for the defence, and almost before the spectators could realize it, was over the line. The pent up excitement of the crowd was now let loose, and, I should think, the cheers and hurrahs could be heard for miles around. The men who for some time were looking on so stolid and glum, scarcely exchanging a word with their neighbours, were now all smiles, and found the man next to them in quite as conversational a mood.

This practically decided the game although the visitors strove hard to equalise matters, and it was quite as much as the home team could do to maintain their lead.

The general opinion was that Guy's played the best game of football seen on the ground this year, and, should they come to Swansea again, would meet with an enthusiastic reception. I have already spoken of their play in general, and will merely mention that Swayne, Allport, and Biggs, were the pick of the forwards, and Steel and Mitchell of the backs.

Result:—Swansea, 1 converted goal, 1 try.
Guy's, 1 dropped goal, 2 minors.

RUGBY.

Guy's Hospital v. Rosslyn Park.

This match was played at Acton, Sat., Nov. 16th, on the ground of the latter, and ended in a win for the Park by one goal to one touch down. The game was fast throughout, and Guy's held their own during the first half but were not up to Swansea form; Biggs unfortunately being indisposed was unable to play, his absence was felt. The visitors were in the home twenty-five for the whole of the first half, but were only able to score a minor; whilst in the second, Rosslyn Park with the hill in their favour managed to score a try, which was converted by C. Bishop. The tackling of Guy's behind was weak, except that of Coleman at back.

Guy's—J. Coleman (back); W. Ensor, E. Reid, J. H. Bettington (three-quarter); H. Cooper, L. E. James (half); A. Allport, F. Swayne, N. Instone, H. Wilks, T. Birdwood, W. Rogers, T. Sheringham, S. Layman, H. Pantin, (forwards.)

Rosslyn Park—Stone, Storrar, Reid, Kell (three-quarter); Lamont, Chaldecott, (half); James, E. Bishop, C. Bishop, Covernton, Jaskell, Taefor, Chattock, Cairnes, Cancellor, (forwards.)

We are glad to hear W. Bligh is about to play regularly for the Hospital instead of Kensington; this is as it should be, considering he is still eligible to play for the Inter-Hospital Cup.

A MEDICAL OWL.

[An Owl has taken up his abode in a tree at Guy's Hospital.]

An Owl seen at Guy's! We may surely surmise,
That the bird of Minerva seeks knowledge;
And comes to the place to find favour and grace
At the hands of the men at that college.
They may say, "It's absurd to encourage this bird,"
Like the hero of *Lear's* famed *fasciculus;*
But why that should be so we really can't see,
There are many things far more ridiculous.

No man can deny that, in ages gone by,
The Owl for his wisdom was famous:
This bird may aspire, with a clinic desire,
In medical culture to shame us.
At the lectures we feel he will *certes* reveal
Strict attention, in every attitude:
With a wink in his eye (Do Owls wink, by the bye?)
When Professors indulge in a platitude.

Minerva we know, in ages ago,
Was the patron of physic concoctors:
Why should not the Owl, as the goddess's fowl,
Be enrolled on the list of our Doctors?
Let us see that he gains the result of his pains:
Make him free of each medical mystery;
Till we hail *Strix M.D.*, as he sits on the tree,
To practise,—the first time in history!

Punch.

Marriages.

SHARPLEY—MASON.—At the Parish Church of St. James's, Louth, Lincolnshire, on Nov. 19th, Edward Sharpley, M.R.C.S., L.R.C.P. (late of Guy's), to Mabel, eldest daughter of W. Ludlam Mason, Esq., High Holm, Louth.

Advertisements.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

A GUY'S STUDENT (Undergraduate, London and Preliminary Scientific Honours), with good knowledge of Shorthand and Scientific Terms, seeks situation as Amanuensis and Laboratory Assistant to a Scientific or Medical Man.—Apply I., Medical Office, Guy's.

RESIDENCE, with partial board and full board on Sunday, at house of a Guy's Student. Pleasant suburb (Balham). Close to four commons, swimming bath, and free library. Cheap and easy access to London Bridge by train or tram. Room for one or two brothers or friends. Terms 1 guinea per week each. References exchanged.—Apply to E.B., Medical Office, Guy's Hospital.

SMALL NUCLEUS FOR DISPOSAL—20 miles from London, near railway station; house rent only £20, at present doing at the rate of £150 per annum; only been established four months. Capable of increase. Immediate transfer necessary. Terms easy, and can be arranged.—Apply F.M.B., the Office, Guy's.

Notice.

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Subscribers who wish to have their Gazettes *for 1888 bound in one volume, should leave the numbers, with the Index published on January 19th, with the Librarian without delay. The cost of binding in the Hospital colours is one shilling and sixpence.*

The annual subscription to the Gazette *is 6/6, post free 7/6. All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Medical Office, Guy's Hospital.

Guy's Hospital Gazette,

DECEMBER 7, 1889.

A CASE OF HEART FAILURE IN DIPHTHERIA.

By Dr. Percy Warner, Woodford.

If the air passages are not attacked in a case of diphtheria the great dangers are from blood poisoning, asthenia or heart failure. If the case is severe and prolonged the former is to be dreaded, but in comparatively mild cases the latter is a common cause of death. Such a case was the following: The patient was a boy aged 12. The illness began with considerable swelling of right tonsil followed by a deposit of membrane all over both tonsils, uvula, and part of soft palate. He was treated with 15 minim doses of Tinct. Ferri Perchloridi in Glycerine and a local application of Eucalyptus Oil in Glycerinum Boracis.

A steam kettle was kept going, into which was poured from time to time some of the solution of Eucalyptus so that the room was kept impregnated with the vapour. He was kept quiet in bed, and plenty of liquid nourishment given and the room kept well ventilated.

He went on very well—on the third day I was able to remove the greater part of the membrane which had become loose, and applied the Eucalyptus solution freely, and very little membrane was formed afterwards.

At the end of 6 days all the membrane was gone, there was very little swelling of the tonsils and he was taking plenty of nourishment, and with the exception of general weakness there was little to complain of.

Two days afterwards however I was sent for in the afternoon (I had seen him in the morning when he seemed to be doing as well as possible) and found him in a state of collapse, heart beating very feebly 28-30 per minute, frequent vomiting and marked general palor of the surface. I gave brandy and liquid nourishment freely, but finding that very little was retained, was obliged to feed per rectum; he was kept absolutely quiet and a linseed and mustard poultice was applied over the heart.

At 9 p.m. he was rather better, pulse 32; next morning still somewhat better, pulse 44, a trifle stronger, less vomiting, as he took very little by the mouth, but he complained very much of pain in the region of the stomach. I saw him in the afternoon, when he seemed about the same, but he died quite suddenly at 6 p.m.

Remarks.—The cause of these symptoms is said to be a neuritis of the pneumogastric nerve, and one can very well imagine that some irritation of that nerve might bring about the symptoms observed in this case, that is to say:—

1. The slowness of the pulse with weak systole and prolonged diastole.

2. The vomiting and pain in the region of the stomach, and

3. The excessive palor of the surface, this being brought about by the action of the pneumogastric on the vasomotor centre inhibiting the action of that centre and causing a general dilatation of the arteries and fall of blood pressure.

I do not know whether the pneumogastric nerve has ever been examined microscopically after death in these cases. The heart, I believe, has been found to have some fatty degeneration

of its muscle, but that, perhaps, does not negative the above explanation.

In some cases the heart beats, instead of being slow, are very rapid.

It is to be noted that these attacks occur as a rule during the disease or just as the acute throat symptoms are passing off, and not so often during convalescence when diphtheritic paralysis is so common. May not the heart symptoms be due to the absorption of some poison produced by the disease acting on the heart in the same way that muscarin is known to act?

As to treatment there seems little to be done besides giving stimulants freely, keeping the patient absolutely quiet and applying warmth over the heart.

Would the administration of atropine be of any use? It should be if irritation of the pneumogastric is the cause of the slowing of the heart.

FRACTURED SKULL.—EPILEPTIFORM CONVULSIONS.—HEMIPLEGIA.—TREPHINING.

Under the care of Mr. Durham.

(From Notes by Mr. E. G. Evans).

Henry T., aged 42. He was driving a van when it collided with a 'bus, and was knocked from his seat into the road, falling upon his head.

On Admission.—When brought into the surgery he was very irritable, would not keep quiet and seemed under the influence of drink. He vomited a good deal of material, which had a faint odour of alcohol. Hæmorrhage from left ear, but no scalp wound or evidence of bruising.

During the night he was very noisy and tried to get out of bed several times; afterwards, becoming more restless, he was strapped down. T. 101·2. Urine normal. Ordered Pot. Brom., gr. xx. t.d.s. The following morning his condition resembled delirium tremens. He was sweating, tremulous about the hands and tongue, pulse quick and soft, tongue foul, quite "off his head."

Oct. 5th (third day). Still very noisy, and has been so all through the night. Bleeding from ear has ceased. He takes his milk, but always complains of thirst.

Oct. 7th. Yesterday evening he had a fit; this was repeated about every 10 minutes during several hours. Each fit lasts about half a minute, and in the interval between the fits the patient lies with his head on the right side. There seems to be no feeling on the left side of the body, and when the left arm or leg is lifted it falls helplessly. When a fit is coming on the patient gradually turns his head and eyes to the left side, then a series of twitchings ensues, beginning with the left eyelid. The whole of the left side takes part in the convulsion. Pupils equal. Immediately after a fit the patient will answer questions, but when a fit is coming on he lapses into a comatose condition. If the right foot is tickled he withdraws it, but no such effect is observed on the left side. He perspires profusely. T. 100·4. P. 112. When Mr. Durham saw the case to-day he decided to operate, because he thought the paralytic symptoms denoted compression of the brain, and that the convulsions were due to irritation. Chloroform was administered, and the skull was trephined over the anterior branch of the middle meningeal artery on the right side. Much bleeding occurred from a vessel in the dura mater, which was stopped by a small piece of sponge inserted between the bone and the dura mater. An incision was then made in the dura mater, which was very tense, the cerebro-spinal fluid spurting up in a jet about four inches high. Some blood clot was found in the sub-dural space, and after enlarging the trephine hole this clot was removed. Dressings applied.

Oct. 8th. This morning the patient seemed to recognise his wife. No convulsions since

operation. Left arm and leg very rigid. T. 98·5. P. 76 A good deal of blood-stained serous discharge in the dressings.

Oct. 9. He was able to move his left arm and leg last night, but there seems to be still some facial paresis when asked to whistle. T. 98·4.

Oct. 11. Patient was very ill last night; noisy respiration; weak pulse. R. 44, P. 140, T. 99·8. This morning he is in a low semi-comatose condition. T. 100·6.

Oct. 12th (ninth day). Gradually sank. The temperature rose rapidly during the last twenty-four hours, and at the time of death was 104. No fits occurred after the operation.

Post Mortem.—There was considerable bruising of the right temporo-sphenoidal lobe on its outer surface. Over the greater portion of the right cerebral hemisphere was a thin layer of black clot in the sub-dural space. It weighed about an ounce and a half, and showed no change of colour. There was no depression of the surface beneath the clot, so that it was probably harmless in itself.

There was an early though diffused meningitis of the vertex of the brain on both sides. No extra-dural hæmorrhage. On the left side of the skull a fracture was found, three quarters of an inch behind and almost parallel with the middle meningeal groove. It ran downwards from the parietal bone, across the upper surface of the left petrous bone, to the foramen medium; and a short fissure extended into the middle fossa. Blood was found in the left tympanum, but none beneath the dura mater in this situation. Further examination of the brain showed that the bruising only involved the cortex, and that there was no injury of the interior. Other viscera normal.

Mr. Durham said it was not possible to be too guarded in the first treatment of head cases. The delirium of drink was not to be distinguished from the delirium of concussion, especially since the one diagnostic sign, namely, the smell of drink, was made invalid by the fact that kind friends invariably gave brandy to a man after having received an injury. Therefore he said whenever a head case comes to the hospital about which the dresser is not sure, let him err on the safe side, and take him in and watch him. They might be divided into three classes—

1st. Those who lay quietly and comfortably in bed upon their backs remembering little of the accident, but being quite happy.

2nd. Those who tossed the clothes off, were irritable, refused medicine, and wouldn't lie still.

3rd. Those who lay just exactly where they were put, whether the position was a comfortable one or not.

Of the first class no fears need be felt, they will probably do well.

Of the second, let them be regarded with suspicion.

Of the third there is cause for the gravest anxiety.

F. G. S.

THE LIFE OF EDWARD JENNER.

Edward Jenner, whose name is remembered with honour over the whole civilized world as the discoverer of vaccination, was a country practitioner in a small town, Berkeley, in Gloucestershire. His father was vicar of this place, and he was born there in 1749. He lost his father when only five years old, but the loss was supplied by his eldest brother, Stephen Jenner, afterwards a fellow of Magdalen College, Oxford.

While still at school Edward Jenner showed his intelligence by searching for fossils, and he also made a curious collection of the nests of dormice. After serving an apprenticeship to an apothecary in the country, he went to London and lived for two years as a pupil with the celebrated John Hunter, who was then forty-one years old and twenty years Jenner's senior. He was surgeon at St. George's Hospital, and besides his town house in Leicester Square, had bought ground in the country, close to what is now the Earl's Court Station of the Underground Railway, and there he had a collection of animals, a dissecting room, and all the appliances which the time afforded for studying comparative anatomy and experimental pathology. While living with Hunter, Jenner became a skilful anatomist, and was recommended by his master to arrange and describe the specimens of natural history brought home by Sir Joseph Banks, who had accompanied Captain Cook in his first voyage of discovery in 1771. Some of these still form part of the

vast collection in the Natural History Museum of South Kensington.

He was obliged, however, to relinquish the scientific pursuits to which his natural genius called him, and left London when twenty-three years of age to begin the laborious and obscure duties of a country practitioner.

He is described at that time as "rather under the middle height, active and well formed; dressed in a blue coat with brass buttons, buckskins and jockey boots. His hair was done up in a club, and he wore a broad-brimmed hat. All the country spoke of him as a skilful surgeon and a great naturalist." He studied the habits of the cuckoo, the breeding of toads, and the temperature of bats during hybernation. He also wrote verses, some pretty and some amusing. The following is a favourable specimen:—

SIGNS OF RAIN.

[An excuse for not accepting the invitation of a Friend to make a country excursion.]

The hollow winds begin to blow,
The clouds look black, the glass is low,
The soot falls down, the spaniels sleep,
And spiders from their cobwebs creep.

Last night the sun went pale to bed,
The moon in halo hid her head.
The boding shepherd heaves a sigh,
For see! a rainbow spans the sky.

The walls are damp, the ditches smell,
Clos'd is the pink-eyed pimpernel.
Hark how the chairs and tables crack;
Old Betty's joints are on the rack.

Loud quack the ducks, the peacocks cry,
The distant hills are looking nigh.
How restless are the snorting swine—
The busy flies disturb the kine.

Low o'er the grass the swallow wings;
The cricket, too, how loud it sings.
Puss on the hearth, with velvet paws,
Sits smoothing o'er her whiskered jaws.

Thro' the clear stream the fishes rise
And nimbly catch the incautious flies.
The sheep were seen at early light
Cropping the meads with eager bite.

Tho' fine, the air is cold and chill;
The mellow blackbird's voice is still;
The glow-worms, numerous and bright,
Illumed the dewy dell last night.

At dusk the squalid toad was seen,
Hopping or crawling o'er the green;
The frog has lost his yellow vest.
And in a dingy suit is dress'd.

The leach, disturbed, is newly risen
Quite to the summit of his prison.
The whirling winds the dust obeys,
And in the rapid eddy plays.

My dog, so altered is his taste,
Quits mutton bones, on grass to feast;
And see yon rooks, how odd their flight,
They imitate the gliding kite,
Or seem precipitate to fall,
As if they felt the piercing ball.

'Twill surely rain—I see with sorrow
Our jaunt must be put of to-morrow.

Jenner had the great advantage of correspondence with his friend Hunter, without which his scientific enthusiasm would surely have died out among the distractions of daily practice and uncongenial society. Here is one of Hunter's letters, written about 1777:—

"Dear Jenner,—I thank you for your experiment on the hedgehog, but why do you ask me a question by way of solving it? I think your solution is just, but why think? Why not try the experiments upon a hedgehog as soon as you receive this, and they will give you the solution. Try the heat, cut off the head and expose the heart, and let me know the result of the whole. I am, dear Jenner, ever yours, John Hunter."

The great anatomist also wrote to Jenner concerning his own health, and particularly on the first attack of Angina Pectoris, which cut short Hunter's life in 1793. He also sometimes sent him patients.

Here is Hunter's account of a case which would now be treated by slitting up the lachrymal duct and inserting a bougie from above; the ungrammatical style and the treatment are both characteristic: "I saw the young lady, your patient—I do not know well what can be done. If it was possible to pass a bougie from the nose up the duct to the sac it might be of service. . . . Her general habit should be attended to, such as sea-bathing or cold-bathing, using a good towel; gentle exercise, such as getting up early in the morning, riding, etc. She might take gentle mercurials with the bark and the cicuta. Let me hear from you soon."

About 1780 Jenner suffered a disappointment in love, which made him write: "I am jaded almost to death. That of the body I must endure, but how long I shall be able to bear that of the mind I know not. Still the same dead weight hangs upon my heart."

Hunter recommended fresh observations on hedgehogs as a cure for his friend's heartache; the prescription was not immediately successful, but Jenner found that the conscientious performance of daily duties was the best anodyne, and unselfish services to others the best cure. He afterwards married happily.

The discovery of vaccination was slowly and gradually made. While still an apprentice Jenner heard a young woman say, when warned against the contagion of small-pox: "I cannot take that disease, for I have had cow-pox." As early as 1780 he satisfied himself that cow-pox would preserve from variola.

After surmounting a thousand difficulties and solving a thousand contradictions, Jenner only ventured in 1796 to inoculate with vaccine lymph, James Phipps a healthy, boy of about eight years old. The lymph was obtained

NOTICES.

The Christmas Examination for First and Second Year's Students will be held on Friday, December 20th.
Anatomy from 10 to 12; Physiology from 2 to 4.

The Test Examination for the Students who intend presenting themselves for the 2nd Conjoint in January, will he held on Monday, December 16th.
Anatomy from 10 to 12; Physiology from 2 to 4.

The last Lecture before Christmas will be given on Friday, December 20th, and the Vacation terminates on Saturday, January 4th, 1890, Lectures being resumed on the following Monday.

Applications for Schedules for the 1st and 2nd Conjoint Examinations must be made at the Medical Office not later than December 11th. Those for the Final Conjoint must be obtained before December 20th.

Grand Smoking Concert on December 18th. See bills.

PASS LIST.

ROYAL COLLEGE OF SURGEONS.

FINAL FELLOWSHIP.

Meyrick-Jones, A. Murray, R. W.
Moyse, J. E. Pennell, G. H.

LONDON UNIVERSITY.

M.B. HONOURS.

MEDICINE.

C. M. Kitching (First Class, Gold Medal).
R. D. Mothersole (Second Class).

FORENSIC MEDICINE.

H. J. Campbell (First Class).
R. D. Mothersole (Third Class).

OBSTETRIC MEDICINE.

C. M. Kitching (Second Class).
R. D. Mothersole (Third Class).

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

FIRST FELLOWSHIP.

ANATOMY.

November 8th, 1889, from 11 o'clock a.m. to 2 o'clock p.m.
At least *three* of the four questions *must* be answered.

1. Give the relations of the Lower Jaw, including those of its processes.

2. Describe the mechanism ot the Arches of the Foot, and the movements which take place between the several bones of the Tarsus.

3. Describe the position and relations of the two Kidneys. How is the Kidney developed? What varieties in the shape, position, and vascular supply of the organ have been met with?

4. Describe the course, distribution, and anastomoses of the branches of the Thyroid axis.

PHYSIOLOGY.

November 8, 1889. From 3 to 6 o'clock, P.M.
At least *three* of the four questions *must* be answered.

1. Discuss the functions of the intrinsic Ganglia of the Heart, especially in regard to its nutrition and the periodicity of its action. Give experiments in support of the views you mention.

2. Describe the structure of a lobule of the Liver, and the special methods by which the details you give may be demonstrated. Discuss the destiny of Glycogen.

3. Give a sketch of the chief theories that have been promulgated concerning the Coagulation of the Blood. State your reasons for adopting the view you consider the most tenable.

4. Describe the structure and development of the Iris. Give the evidence upon which its various functions have been determined.

CLINICAL APPOINTMENTS.

The List of Appointments for December contains the following names:—

Obstetric Residents.—Messrs. J. W. Roberts (December); C. M. Kitching (January); A. L. D. Mears (February).

Surgeons' Dressers.—Messrs. J. Young (Mr. Durham); W. S. Montgomery-Smith (Mr. Durham); H. W. Webber, A. E. Kelsey (Mr. Howse); C. G. Roberts (Mr. Davies-Colley); H. M. Jordon (Mr. Lucas).

Clinical Assistants.—Messrs. J. Fawcett, J. W. Russell, A. E. Durham, H. A. Smith, A. S. Wohlmann, T. G. Stevens.

Dressers in the Eye Wards.—Messrs. J. D. Pendlebury, G. H. S. Daniell (Mr. Higgens); J. S. Richards, C. Spurrell (Mr. Brailey) (January).

Post-mortem Clerks.—Messrs. W. B. Hogarth, A. C. Elliman (December); F. Colclough, H. E. Durham (January); E. M. Pilcher (February).

Throat Department.—P. Purnell, V. J. Hodgson, E. M. Dobinson, A. B. Hudson (December).

Aural Surgeons' Dressers.—W. G. Beyts, W. Winslow (December and January).

Dental Surgeons' Dressers.—F. J. Nisbet, F. W. Ta Bois (December and January); J. M. Thorn, E. P. Douston (January and February); C. Spurrell, W. E. Cobb (February and March).

Obstetric Out-Patient Clerks.—W. Winslow, F. G. Saffery, T. H. Evans (1st Half); F. W. Wellford, A. Thomas (2nd Half).

Obstetric Ward Clerk.—Messrs. F. G. Seffery, W. Wingate, W. Carling.

Assistant Physicians' Clerk.—Messrs. E. G. March, B. W. Hogarth (Dr. White); F. D. Lumley, F. E. Williams (Dr. Pitt); D. W. Samways, D. S. Long (Dr. Perry; A. R. Lacey, H. B. Rygate (Dr. Shaw).

Medical Ward Clerks.—Messrs. W, C. Burt, C P. B. Spencer, F. A. Osborn, V. H. Barr, J. W. F. Jewell, H. S. Archdall, E. W. Wheatcroft, A. E. Norris, H. W. Dixon, J. R. Pollock, H. L. E. Wilks, W. G. Rogers, C. E. Pollock, J. J. Browne, A. T. White, E. T. Lang.

Assistant Surgeons' Dressers.—Messrs. E. E. Bemsley, A. L. Allworth Mr. (Golding-Bird); H. Hodgson, E. H. Cartwright (Mr. Jacobson); S. J. Roberts, J. E. Coulson, G. Pinder (Mr. Symonds/; H. K. Rayson (Mr. Lane).

Dressers in the Surgery.—Messrs. H. E. Worthington, C. B. Braithwaite, C. E. Salter, N. Instone, E. E. B. Landon, A. M. Daldy, E. G. Evans, C. C. Elliott, W. D. Loveday, C. M. Henry, H. J. Fraser, P. M. May, F. M. Turner, A. M. Daniel, J. R. Evans, F. C. Stearn, C. E. Moffatt, A. T. Rake.

Surgical Ward Clerks.—Messrs. P. Lord, T. J. Mills, W. A. Haslam, G. Gillbard, G. Sichel, H. B. Wilkinson, F. W. Wilson, A. H. Godson, W. H. Fisher, C. N. Thomas, W. S. Frith, F. C. Young, A. W. Sheen, E. T. Hamilton, F. P. S. Cresswell, R. L. Wason, E. T. B. Donnelly, T. Holmes, T. R. Taylor, C. G. Morice.

Assistant Surgeon's Clerks.—Messrs. R. G. James, J. W. F. Eyre (Mr. Golding-Bird); T. H. Evans, A: M. Daldy (Mr. Jacobson); C. M. Fleury, A. T. Rake (Mr. Symonds).

Hospital News.

INTERESTING CASES.

John	2	Typhlitis.
	8	Subclavian aneurysm.
	10	Aortic aneurysm.
Miriam	18	Pericarditis, mitral regurgitation.
	24	Hemiplegia, cirrhosis of liver.
	28	Acute nephritis.
Cornelius	14	Depressed fracture of skull.
Lydia	13	Spina bifida.
	7	Tertiary syphilitic joints.
Martha	7	Adenoma of breast.
	1	Induration of breast.
Job	1	Renal calculus,
Naaman	21	Ununited fracture of olecranon.
Stephen	1	Spastic paralysis.
	6	Phthisis, displaced heart.
	10	Thoracic aneurysm.
	21	Thomsen's disease.
	30	Cerebellar tumour.
	38	Phthisis, ? syphilis.
	40	Lead palsy, morbus cordis.
Philip	2	Gumma of liver.
	3 & 15	Abdominal tumour.
	7	Phthisis, paraplegia.
	8	Mitral stenosis.
	25	Cervical pachymeningitis.
	33 & 36	Myelitis,
Mary	12	Carcinoma ventriculi.
	15	Enlarged pulsating liver.
	23	Hemiplegia, aphasia.

THE TRAVELLER.

1 T'was on a dreary winter's night,
A traveller lone was seen.
The sharp hoar-frost did cruelly bite,
As if exulting in its might,
Malignant in its spleen.

2 At length a friendly flicker gleamed
With bright congenial rays,
And on the stranger's visage beamed
A longing hopeful glance, which seemed,
His inmost soul to daze.

3 A cottage on the rising ground
Gleamed forth into the vale,
And spread a radiancy around,
That flickered on the freezing ground
And on the traveller pale.

4 A neat and comely dame, o'er whom
Scarce fifty years had passed,
Welcomed the stranger to her home,
And asked him in a cheerful tone
If he would break his fast.

5 The stranger modestly replied
That food was not his quest,
But the dame replied, "Now do not hide
Your hunger, but to me confide
Your appetite's behest."

6 In looking up, a maiden fair
His wondering eyes perceived,
Whose golden and luxuriant hair
Was waving in the midnight air,
A fairy he conceived.

7 With silent air she laid the cloth
With feminine address,
And laid before him savoury broth
And hot potato's steaming froth,
To sooth his weariness.

8 Valerian thought he n'er had seen
In town or country glade,
In beauty, figure, or in mien,
A lovelier or more stately queen,
Than this sweet rustic maid.

9 E'en now he loves her more than aught
This world could e'er impart;
For many a year he'd vainly sought
A gift which gold had never bought,
Sweet innocence of heart.

10 He tells her how he's sought a bride
For many a longsome day;
And if she could in him confide,
He would for all her wants provide,
And cherish her for aye.

11 He then perceived her colour rise,
As his fond eye caught hers;
And as a dove to shelter flies,
That on its resting place relies,
Thus sinks she in his arms.

12 Thus ends my tale in nuptial rites
Of happiness serene.
Oft they recount on wintry nights,
Whilst enjoying home delights,
The oft repeated theme.

J. H. C.

Sport.

ASSOCIATION FOOTBALL.

The first match to be recorded this week is the annual fixture with the Philberds, at Maidenhead, which was decided on a splendid ground in splendid weather on Wednesday, November 20th. Hibbard started the ball for us at 2·45, but the Philberds at once began to press our defence, which during the first few minutes was very erratic, and slow, the result being that they scored a goal with comparative ease. On restarting, the Hospital seemed to have warmed up to their work, for the forwards made some well-combined dashes, ending in a "corner" on several occasions; but, as a rule, cut short by the giants, I can call them nothing else, who played back, and in goal. Shortly before half-time, however, Hibberd was enabled to score. The game during the first part was of the most give and take description, and the fastest we have played this year. In the second part we decidedly pressed our opponents, and obtained a large number of corners, nearly scoring many times. The wily forward who had obtained their first goal, "lay low" well up the ground biding his chance, then, being still fresh and seeing a clear opportunity, scored twice in rapid succession. The forwards, however, guaging their men carefully, by a series of rapid passes made their way through the defence, and Hibbard again scored (2—3). From then till just before "time" was called the game was played at a tremendous pace, when Hibbard again put the ball through, but, after considerable discussion, it was decided that the ball had crossed the line a moment before, and so the game ended (2—3). Had the backs played better the result would have been to our credit in all probability. A. M. Daniel, at half, and Hibbard and Fisher, forward, were the pick of our men. For Philberds, A. L. Fisher, back, played best.

GUY'S.—M. D. C., goal; W. S. Frith, V. Pendred, backs; A. M. Daniel, E. H. Cartwright, L. C. Burrell, half-backs; W. G. Mumford, O. J. Bradley (capt.), C. E. Hibbard, W. H. Fisher, H. Hewetson, forwards.

A game of a very different character was played at Norwood on Saturday, November 23rd, when an eleven defeated Clifton F. C. by 1—0, in a steady downpour of rain. Nothing was worthy of note, except Hazell, who stood undaunted in goal like Ajax, with an umbrella over his head, defying the elements.

We opposed the Clapham Rovers on Saturday, 30th, with an extremely weak team, which was unfortunately unavoidable, none of our regular half-backs being able to play, and Hibbard being absent from his place forward. As it was past three o'clock when we started, it was agreed to play for an hour only. Our forwards seemed to be utterly wanting in energy, and for a few minutes the Rovers had it all their own way, and obtained a couple of corners. They shortly put a nick in their post, and shortly after added a second. After the interval the back division made a better display, and we twice narrowly escaped scoring. The Rovers added one more goal, and so ended the game (0—3).

GUY'S.—F. Hazell, goal; W. S. Frith, V. Pendred, backs; C. R. Colley, F. Prebble, H. Hewetson, half-backs; F. Rouse, W. G. Mumford, O. J. Bradley (capt.), W. Fisher, R. C. Kirkby, forwards.

RUGBY.

GUY'S v. CLAPHAM ROVERS.

Played at Wandsworth Common, Nov. 23rd, in anything but favourable weather, when a fast but rather one-sided game ended in a decisive victory for the Hospital team, who ultimately left the field victorious by two goals and four tries to nil.

Guy's won the toss and played down hill for the first thirty-five. The Rovers started the ball, Coleman returned to mid-field, and the ball going into touch, several scrimmages ensued; on nearing the goal-line Burrell managed to relieve the Rovers of the ball and touched it down behind, but the kick failed. A few minutes later Allport "barged" in, again the kick failed; on the Rovers re-starting the ball from the twenty-five, Reid got possession, and punting into the middle of the ground where the "invincible whites" drove their opponents towards their goal-line, again obtained the leather, from a pass by James, and dropped a goal.

On re-starting the ball, the whites again began to press the home team, Allport got possession and obtained a try, a goal resulting. Ensor soon afterwards got behind by a good run from halfway, but the kick failed. Reid directly afterwards made his mark, which Bligh by a good kick converted into a goal.

GUY'S.—Coleman, back; J. Ensor, E. Reid, H. Hickman, three-quarter-backs; L. E. James, H. Burrell, half-backs; A. Allport, N. Instone, H. Wilks, W. Bligh, W. Rogers, T. Birdwood, T. Sherringham. C. Pantin, S. Layman.

Guy's lost the services of F. Swayne, W. G. Mitchell, and J. J. Biggs, who were absent through indisposition.

MIDDLESEX WANDERERS v. GUY'S HOSPITAL.

The Wanderers, playing on their own ground at Richmond, Nov. 30th, defeated the Hospital by three goals to love. In the first half, the game was of a very even nature, neither side being able to score. Soon after half-time, Prime dropped a goal for the home team, and this was followed by a try for them by Crawford, who ran in from the centre. Later Astly intercepted a pass from an opponent, and after a good run obtained a try. Strutt-Cavill, who took the place-kick in each instance, improved on both occasions by converting the tries into goals.

Guy's played anything but a representative team, T. Birdwood, who is up for his M.B. at Cambridge; Mitchell playing for Richmond v. Blackheath; Biggs, who had to leave for Cambridge to nurse his brother (the latter

meeting with a serious accident last Thursday); W. G. Rogers preferring the attractions of Brighton; T. G. Sheringham, playing against his old school, were absent.

Guy's.—J. Coleman, back; J. Ensor, E. Reid, V. H. Barr, three-quarter-backs; H. Cooper, W. Burrell, half-backs; A. Allport, F. Swayne, N. Instone, H. Wilks, W. Bligh, B. Instone, G. Pantin, S. Layman, F. Cloud.

The following "Old Cup Team Men" played for the Wanderers against their Hospital:—J. C. Prime, G. H. Steele, J. Nisbet.

THE DOCTOR.

Oh, doctor, in our hours of ease,
We scorn your counsel as we please;
When peach and pear and apple green
The bosom wring with anguish keen;
When in the night the hoarse "ka-whoop"
Rouses the house with fear of croup;
When midst the storm that rends the skies,
"Newralagy" tackles grandma's eyes;
When roaring thunder-clouds low hung,
Retard the play of ma's left lung;
When wintry drifts the roads impede,
And baby's nose begins to bleed;
When knee-deep clogs for all the way,
And Tommy's earache comes to stay;
Whene'er the least of human ills
Clamours for poultices or pills,
Come straight away—no matter how—
A ministering angel thou.
All aches and pains are cured by you,
Save pa's tick-"dollar"-I-owe-you.—

American Exchange.

APPOINTMENT.

Mugford, S.A., L.R.C.P., Lond., M.R.C.S., has been appointed Medical Officer of the Wex District, Tendring Union.

The *Tocsin* gives the following particulars relating to the physicking of a patient in the olden times, the good old times, when people took physic and plenty of it, firmly believing that it did them good. The individual in question, Mr. Samuel Jessup, died 17th May, 1817, at Heckington. He was defendant in a trial for the amount of an apothecary's bill at the Lincoln Assizes. The evidence at the trial gives the following details: In 21 years (from 1794 to 1816), he took 226,934 pills, supplied by a respectable apothecary in Bottlesford, which gives an average of 10,806 pills a year, or 29 each day. In the last five years preceding 1816 he took the pills at the rate of 78 a day, and in the year 1814 swallowed not less than 51,590. "Notwithstanding this," says the *Toscin*, "and the addition of 40,000 bottles of mixture, besides juleps and electuaries, set out in 55 closely written columns of the apothecary's bill, he lived to the age of 65 years."

THE MARRIAGE OF MR. EDWARD SHARPLEY M.R.C.S., L.R.C.P., Late of Guy's Hospital.

The marriage of Mr. Edward Sharpley, M.R.C.S. and L.R.C.P., of this town, third son of Frederick Sharpley, Esq., of Park House, solicitor, and coroner for the Louth district, with Miss Julia Mable Mason, elder daughter of W. L. Mason, Esq., J.P., of the High Holme, Louth, was celebrated in St. James' Church, shortly after two o'clock, on Tuesday afternoon. The various doors of the church were beseiged by large crowds long before one o'clock, but admittance could not be gained until 1.30 when the doors were thrown open

The bride was attired in a gown with bodice and train of rich ivory ottoman silk and petticoat of same, draped with exquisite *point d'alencon* relieved by a lovely wreath and clusters of orange blossoms and jessamine; a tulle veil fastened with a pearl star and crescent (presented by Mr. Leonard E. James), and a wreath of orange blossoms and jessamine. She carried a bouquet of choice white flowers, the gift of the bridegroom.

The wedding presents, over 180 in number, which were of a valuable character, were displayed at High Holme for the inspection of the guests. The bride and bridegroom left Louth station for London en route for Devonshire, where the honeymoon is to be spent.

Deaths.

BIANCHI.—On Nov. 8th, at Blackfriars Road, of angina pectoris, Robert Bianchi, Medical Officer of Health for St. Saviour's, Southwark, aged 58 years.

PALMER.—On Nov. 15th, at Thorpe Cottage, Loughborough, William Grimes Palmer, M.R.C.S., L.R.C.P., in his 45th year.

Advertisements.

For the convenience of Guy's men, a list is kept in the Medical Office of qualified gentlemen who are desirous of purchasing Practices, Partnerships, or acting as Locum Tenens or Assistants. Advertisements can be inserted in this column—price 2s. 6d. each.

HENRY HUNT, Assistant in Guy's Hospital Museum, prepares Microscopical Sections of Pathological Tissues. Pieces, less than a cubic inch in size, should be sent in Methylated Spirit. Price 1s. per block; two slides.

A GUY'S STUDENT (Undergraduate, London and Preliminary Scientific Honours), with good knowledge of Shorthand and Scientific Terms, seeks situation as Amanuensis and Laboratory Assistant to a Scientific or Medical Man.—Apply I., Medical Office, Guy's.

RESIDENCE, with partial board and full board on Sunday, at house of a Guy's Student. Pleasant suburb (Balham). Close to four commons, swimming bath, and free library. Cheap and easy access to London Bridge by train or tram. Room for one or two brothers or friends. Terms 1 guinea per week each. References exchanged.—Apply to E.B., Medical Office, Guy's Hospital.

TRANSFUSION APPARATUS.

Arranged and described by PETER HORROCKS, M.D., F.R.C.P., Assistant Obstetric Physician to Guy's Hospital.

THE essential parts of the apparatus consist of a cannula, a piece of rubber tubing three or four feet long, and a glass funnel. As the two latter can generally be obtained in almost any house, it is only necessary to carry the cannula, in order to be always practically provided with an apparatus. In the larger box will be found, in addition to the above, a scalpel, a pair of scissors, a dissecting forceps, a needle and a piece of silk.

OPERATION.—Make an incision about one inch long, and expose the median basilic, or any other vein of not less calibre. In some cases it is found useful to cause filling of the vein by tying a pocket-handkerchief or bandage round the arm. With a needle pass a silk, or gut, or other ligature, under the vein, cutting it so as to leave two ligatures. Draw one to the lower angle of the wound, and tie it round the vein by a double knot, cutting the ends short. With the dissecting forceps pinch up the vein and make a small snick in it with scissors, taking care not to sever the vein completely. Introduce the cannula (silver or glass) into the vein, and tie it in by means of the upper ligature, leaving the ends long as in the diagram. The blood will flow down the cannula, and when it is full the rubber tubing previously attached to the glass funnel and filled with saline solution is fixed on the end. The funnel is now raised, and as the water flows it is replaced by pouring in more saline solution from a jug held close to the rim (*see diagram*) to avoid the causation of air bubbles. As long as the funnel is kept above the level of the cannula, air bubbles will always rise to the surface and escape. Another method of introduction, and one recommended in severe cases, is to fix the funnel and cannula in the tubing, fill the apparatus with salt solution until it runs out warm, and then to introduce the cannula into the vein, the funnel being held by an assistant slightly higher than the cannula, so as to keep up a gentle flow which washes away the oozing blood, and ensures the absence of all air. In the larger apparatus a plunger is supplied with the glass funnel, to enable the operator to inject the fluid if necessary. This plunger must be removed when the apparatus is used as described above.

FLUID.—Boiling water is cooled by ice or cold water placed outside the containing vessel (*e.g.*, a jug full of boiling water is made to stand in a basin full of cold water, constantly replenished), until its temperature is 39° C. (= 102·2° F.). It will cool to blood heat, 37·7 C. (= 100° F,), as it passes down the tube. About one teaspoonful of common salt to a pint of water may be added to increase the specific gravity of the fluid. In very urgent cases time should not be wasted if boiling water is not ready. As soon as the water is warm enough it may be used, if it is quite clean; the temperature may be guessed by the hand in the absence of a thermometer. The salt is not essential, but it is scarcely ever unavailable.

SPEED.—The speed at which the fluid is injected can be regulated by raising or lowering the funnel. In most cases a distance of about three feet is sufficient, and the flow is found to be about a pint every four minutes. The flow can be arrested at any moment by pinching the tube. The funnel should never be lower than the cannula, and it should not be allowed to get empty.

AMOUNT.—The amount of fluid to be injected varies in different cases; the object is to replace the blood lost, by an equal amount of fluid. In the worst cases, six pints have been used, but in less severe cases, two, three, four, or five pints will be found enough, the criterion being the condition of the radial pulse, which will be felt with the finger beating distinctly when sufficient fluid has been injected.

Remove the cannula from the vein. Cut the latter completely across and tie the upper end with the long ends of the ligature. Sew up the wound with a continuous or interrupted fine silk, or other suture, and fix a clean pad with a bandage.

The Small Apparatus consists of a Glass Funnel with Rubber Tube and Glass Cannula, and Needle and Silk in Japanned Tin Case. **Price 6/6.**

The Complete Apparatus consists of Larger Glass Funnel with Piston (to use as a Syringe, if required), Rubber Tube, 1 Silver Cannula, 1 Glass Cannula, Knife for making the incision, Scissors, Forceps, and Needle and Silk in Japanned Tin Case. **Price £1 5s. 6d.**

DOWN BROS., Surgical Instrument Manufacturers,

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